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JUN 6 1932

ORAL HYGIENE

June, 1932

In this issue:
**My Life In
Dentistry**

By
Dr. C. N. Johnson



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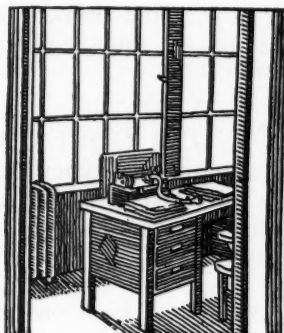
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THE
Publisher's

No. 131

C O R N E R

By MASS

THE spring weather (as this is written) brings recollections of a trip through New York State one spring, and Ithaca, where this department was inspired to lean out of the car and ask natives, "Ith thith Ithaca?" Although we always tell people we did it, we really didn't; just thought about it.

* * *

GIVE some people an inch and they'll take you for a ride. Dr. Frank Dunn, of Cleveland, wheedled permission to do the last CORNER; Ted Christian kept me from seeing it as it went through our shoppe. And unless you love to listen to Roscoe Ates, the stuttering movie actor, don't ask me to make any more after-dinner speeches. My tonsils are still tangled.

Roscoe's name, by the way, was originally Bates. But he never could say Bates without doing a lot of bub-bubbing. Often when I have to give my name,

with all the m's in it, you'd think a humming quartette was tuning up. It sounds pretty good, but it uses up a lot of time.

* * *

DR. ALEXANDER GOLEMBA, New York CORNER customer, has typewriter trouble, too, and wrote about it after he read of mine in these pages a couple of months ago.

"Just look at my capital A," he types in a forlorn tone.

The A leans way over East on one foot like an adagio dancer getting ready to get careless with his partner's skull.

Alex likes the CORNER best when it is written by pinch-hitters. That is why there is some hoping that the cap A gets worse.

* * *

AND another New York letter tags these four pages as "cheerful, though slightly imbecilic prattling," which makes you wonder whether the first paragraph this month shouldn't be scratched.

* * *

DR. LOUIS OTTOFY, of Oakland, California, publisher of *International Dental Review*, writes that he has had typewriter trouble, too. Says he learned to type on an old double-deck Smith-Premier, a key for every small letter and one for every capital, no shift key. So did I. In time that stretches your arms so they hang down around your knees like a baboon's. Did it do that to you, too, Louis?

* * *

(If the letters hold out, this CORNER will presently get itself written.) * * *

HERE'S one from Kansas. Dr. R. E. Burbank writes, "On several occasions I have read your, and George Wood Clapp's, mention of one Larry Dunham and I have been wondering if by any

chance it happens to be Lawrence W. Dunham of the old Cincinnati Dental College, along about 1900.

"If so, ask him if he remembers taking the count in a sparring match in the smoking-room at that College when one Burbank (meaning myself) surprised himself by hitting Larry on the chin and Larry taking the count, with me scared sick and so full of genuine sympathy that the tears forming in my eyes magnified the lump on his chin to the size of a hen egg—my profuse apologies making me ridiculous.

"Over thirty years have passed. I have never even indirectly heard from him whose friendship was treasured so highly. All we boys admired L. W. D., not only his classmates but the entire College group. Memories, memories—memories of the good (?) old days."

It is the same Larry. Here's a picture of him, taken on a recent visit to the CORNER. The Chinese



herb doctor on the left is this department—in a moment of difficult vocal gear-shifting, maybe starting to hum something that begins with m.

* * *

A RECENT CORNER about a particularly flagrant piece of dental advertising which ran in a Chicago newspaper stirred Dr. George S. Walling, of Pueblo, Colorado, to write suggesting that when National licensing becomes a fact all licenses be recalled—to be re-issued only with the stipulation that the licensee refrain from advertising.

* * *

PITTSBURGH'S mayor has been spending most of his time in court lately. Jimmy Walker, according to the newspapers, soon will be. But Harry Headley, mayor of Ocean City, New Jersey, had time to reach for his mimeograph and write me a letter:

"As Mayor of Ocean City, New Jersey, I am taking the privilege to inquire as to your *physical* and *mental* ability to meet successfully the problems accompanying the return of prosperity.

"The successes of tomorrow depend upon your physical ability and we offer you that which nature has placed within your reach . . . fresh air, salt water, sunshine."

But wot about the *mental* ability, Harry, wot about the old *mind*?

* * *

(Which appears to be about enough "cheerful, though slightly imbecilic prattling" to cover what an hour or so ago were four great open spaces.)



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like
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The Use of These Materials in Practise Building Is Strictly Ethical. They Are Co-sponsored by Ritter Dental Mfg. Co., Inc., and John P. Smith Company, Inc., Publishers.

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ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

June, 1932

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A Journal for Dentists

Twenty-Second Year

JUNE, 1932

Vol. 22, No. 6



*"No, young woman. Tell the doctor he must wait.
I am not paying any bills this year, except for the
direst necessities."*

The Answer of **The St. Louis Dental Society**

By O. W. BRANDHORST, D. D. S.

CHAIRMAN OF COMMITTEE ON PUBLIC DENTAL EDUCATION OF
THE ST. LOUIS DENTAL SOCIETY

IN the March and April numbers of *ORAL HYGIENE** there appeared an article and discussion entitled "What About Educational Publicity?"

This matter was presented before the St. Louis Dental Society on January 11, 1932, by Dr. Martin Dewey, president of the American Dental Association. Since the suggestions made relative to educational publicity were a rather broad departure from past activities in that direction, and since display advertising was a new field to organized dentistry, the St. Louis Dental Society wished further enlightenment on this grave problem. The committee on Public Dental Education was, therefore, requested to study the details of the plans and to present its findings to the society at a special meeting, held March 28, 1932.

In formulating its report, the committee made an exhaustive

study of the whole problem of educational publicity, as well as the matter as presented by Doctor Dewey. The committee attempted to visualize the possible results of the methods advocated, and in so doing, sought the advice of many authorities in dentistry, medicine, journalism, and law.

The committee then formulated the following report, which was presented to the society, with the necessary details:

"The matter of public dental education is not new in the St. Louis Dental Society. For many years, attention has been directed to it. The first effort for utilizing the press came in 1926, during Dr. J. F. Alcorn's administration, when the committee, under Dr. F. C. Rodgers, succeeded in publishing in the *St. Louis Globe Democrat*, for fifty-two consecutive weeks, an article pertaining to dentistry.

"During the last several

**ORAL HYGIENE*, March, 1932, p. 506; April, 1932, p. 728.

What About Educational Publicity?

In address by Martin L. Dewey, D.D.S., M.D., New York City, President of the American Dental Association.
Discussion by J. D. White, D.D.S., Engel Look, D.D.S., and B. A. Phipps, D.D.S., St. Louis, Missouri.
As reported by T. N. Christian, D.D.S., Assistant Publisher of ORAL HYGIENE.

FOREWORD

FOR several years there has been a division of the part of certain members of the dental profession for a dental educational program that would focus the attention and interest of the public on dentistry. On the other hand, there have been many who have vigorously protested the suggestion of any form of paid publicity for dentistry, claiming that it is undignified, suppressional and harmful to the best interests of dentistry.

ORAL HYGIENE has received hundreds of letters from readers voicing opinion on both sides of this very timely and important question. In order that the whole subject might be discussed just and cool, ORAL HYGIENE welcomed the recent opportunity presented by the St. Louis Dental Society to publish the entire proceedings of its January 11 meeting devoted to a discussion of this problem.

Dr. Martin Dewey, president of the American Dental Association, was the principal speaker and prominent members of the St. Louis Dental Society were the discussors. Dr. Dewey has been intimately associated with the development of educational publicity and was the motivating factor behind the official A. D. A. approval of a new bureau that will supervise future campaigns.

There are always two sides to every question, so no matter how you feel about this problem you should read the entire story, as it will reveal many points about which you have no doubt considered. Don't miss the discussion which will appear in the April issue of ORAL HYGIENE, and also Dr. Dewey's rebuttal to his critics. After all, you will have to be the judge in this matter because it is your welfare that is concerned.

Dr. A. C. Magler, president of the St. Louis Dental Society, outlined briefly the reasons for the discussion of this topic, and



Martin Dewey, D.D.S., M.D.

introduced Dr. Dewey to one of the largest audiences in the history of the St. Louis Dental Society.

DR. MARTIN DEWEY, Mr. President and members of the St. Louis Dental Society: It affords me great pleasure to talk to you on the question of "Educational Publicity." Because this subject was one of the problems that was listed upon me here shortly after I became president of the American Dental Association.

The new dental society I joined after I became president-elect of the American Dental Association, was that of St. Louis, South Dakota.

There I was asked what the American Dental Association was doing to educate the public in appropriate dental service. At that time I had no answer. It was income upon me that the question had to be answered. It was income upon me that asked the dental profession to provide the answer to this question, the public would receive dental information that might be detrimental to the public and embarrassing to the profession.

In other words, I must realize that whether the dental profession believed in educational publicity or not, and whether the dental profession wanted the public to be educated along dental lines or not, the

"St. Louis is in favor of Educational Publicity of the proper kind, but it cannot accept as educational publicity of the proper kind, the display advertising that is being advocated by the president of the American Dental Association.

"It is our belief that this strikes at the very heart of our profession. This matter was presented to and was passed by the House of Delegates, as Educational Publicity. Had it been stripped of its sugar coating and been presented as paid display advertising, its voyage through the House of Delegates would not have been so uneventful."

years, special attention was given to disseminating knowledge to the public on dental matters, at the time when dental meetings were being held in the city, noticeably among these being the 1930 Missouri State Dental Association meeting and the recent 75th Anniversary Meeting of the St. Louis Dental Society.

"Your committee therefore feels that it can approach its task with a bit more confidence, in that we have the advantages of past experiences.

"It would seem therefore that the first question to be answered is 'Are you in favor of public dental education?' To this the committee declares that it is and in order to explain what the committee understands by 'Public Dental Education,' we offer the following statement.

"Public Dental Education is the disseminating of knowledge to the public regarding dental health, for the benefit of the public and without, in any way, infringing upon the ethics or dignity of the profession.

"We therefore wish to state that we approve of the educational material presented as news items during the meetings of 1930 and 1931, and of prop-

erly written articles, such as were used in the newspapers in 1926.

"We therefore reject the 'display advertising plan' suggested by the Committee of the American Dental Association.

"Your committee believes that the greatest opportunity for benefiting the public through publicity on dental matters lies in prevention and immediately recognizes that our best direct approach to this is through the child and hence the grade schools.

"It is of the opinion that much good can be done in the way of carrying the dental

health message to the public by the dentist's own efforts in his office, through a closer cooperation with the medical profession, through lectures before various organizations, and through the radio.

"It voices its disapproval of the American Dental Association's method of financing the broadcasting, because it feels that this is a matter for organized dentistry, and not for the American Dental Trade Association.

"It believes that dental health is of sufficient importance to be classed as desirable news material, the placing of which be-

"St. Louis calls upon every member of the American Dental Association to become acquainted with this matter. Every component society should act upon this with full understanding of the situation and instruct its delegates as to its decision so that the matter can be intelligently disposed of at Buffalo."

fore the public is the first duty of a newspaper, as well as the radio.

"We believe that a central bureau, such as the American Dental Association, is quite essential in controlling the various activities in public dental education, but believe also that definite rules should be laid down for the guidance of such a committee, safeguarding the ethics and ideals for which we have striven so hard in the past.

"Your committee announces that KMOX, 'The Voice of St. Louis,' has offered us a fifteen-minute period on Wednesday of each week, at eleven o'clock, without cost, being anxious to make this one of its educational features. We recommend the acceptance of this offer.

"Your committee believes that the greatest amount of good can be obtained from news items and articles, only when they are fully understood by the public. We believe that arrangements should be made with someone accustomed to writing articles for the newspapers, to reconstruct articles for the committee, so that the public will fully understand them. This we recommend.

"The committee wishes to reiterate that it not only feels that public dental education is its privilege, but also considers it the duty of the profession. We also consider it the duty of the profession, in a large measure, to stand ready to care for the dental needs of the community in every way.

"Hence in the detailed report submitted herewith, it outlines ways and means of approaching the problems of caring for the dental needs of the community when they arise."

This report was discussed at length and adopted, after which the following resolutions were presented and adopted:

"WHEREAS, The attention of the St. Louis Dental Society has been called to the publicity material, or advertising copy, approved and recommended by the Dental Educational Publicity Committee of the American Dental Association, and

"WHEREAS, This publicity material, or advertising copy, because it implies an attempt by organized dentistry to create markets for its service, can be judged to be advertising rather than educational material, and

"WHEREAS, The use of such copy may bring charges of unprofessional conduct against the profession by laymen and allied professional groups, and occasion a loss of dignity, prestige, and confidence, and cause the public to interpret all true altruistic motives and actions of the profession as being tainted with a suspicion of commercialism, therefore be it

"Resolved, That the St. Louis Dental Society, a component of the Missouri State Dental Association, which is a component of the American Dental Association, hereby emphatically voices its condemnation of the dissemination of such advertising or publicity material, as organized by advertising agencies and ap-

proved by the Dental Educational Publicity Committee of the American Dental Association for use in the public press, and,

"Be it further Resolved, That the Dental Educational Publicity Committee be requested to refrain from the promotion of plans calling for the publication of paid advertising publicity or educational material, and that its program be altered to the end that the copy offered for the public may be enlightening on matters of dental health in a way, dignified and educational, and free from all features which may bring discredit or charges of unethical practice, to the profession as a whole or to its organizations, and

"Be it further Resolved, That Dr. G. B. Winter, our representative on the Board of Trustees, be instructed to bring before the Trustees the action and attitude of our society, on the matter of paid display advertising, and that he be instructed to use his influence to change the present methods, to meet our approval, and

"Be it further Resolved, That we herewith instruct those of our members who will serve in the House of Delegates of the American Dental Association, at Buffalo, to bring to the attention of the House of Delegates, the action of this society, and do all in their power to force a discontinuance of said activity, and

"Be it further Resolved, That a special committee be appointed

to cooperate with similar committees of other societies, to take steps to bring about a discontinuance of this matter, or to proceed to organize such committee activities for the purpose outlined above.

(Signed) "COMMITTEE ON PUBLIC DENTAL EDUCATION OF THE ST. LOUIS DENTAL SOCIETY

J. F. Alcorn
F. J. Brockman
C. C. Chesterson
P. E. Eckardt
L. H. Kohm
J. P. Marshall
H. M. Towles
O. W. Brandhorst,
Chairman"

In accordance with these resolutions, President Mogler appointed the following committee, as outlined in the last paragraph: Ewing P. Brady; J. M. Gray; Oather A. Kelly; Virgil Loeb, and E. H. Keys, University Club Building, Chairman.

The answer then to "What About Educational Publicity?" as St. Louis gives it, is plain.

St. Louis is in favor of *Educational Publicity* of the proper kind, but it cannot accept as *educational publicity* of the proper kind, the display advertising that is being advocated by the president of the American Dental Association.

It is our belief that this strikes at the very heart of our profession. This matter was presented to and was passed by the House of Delegates, as Educational Publicity. Had it been stripped

of its sugar coating and been presented as *paid display advertising*, its voyage through the House of Delegates would not have been so uneventful.

St. Louis, therefore, calls upon every member of the American Dental Association to become acquainted with this matter. Every component society should act upon this with full understanding of the situation and instruct its delegates as to its decision so that the matter

can be intelligently disposed of at Buffalo.

In the meantime, it seems quite in order that the officers of the American Dental Association—if they have the interest of the organization which they are serving at heart—call for a cessation of this type of publicity, until it can be re-submitted to the House of Delegates. Surely the opposition arising everywhere cannot go unnoticed.

PERFECT TEETH



Smiles mean something in the second grade schoolroom of the Brighton school in Seattle, for they serve as a means of displaying thirty-six sets of perfect teeth. Every youngster in the room holds a perfect dental score for his or her age and each morning makes a ritualistic promise to keep them that way. Toothaches are unknown among this unusual group, which is believed to be the only one of its kind in the nation's schools.



MY LIFE *in* DENTISTRY

By C. N. JOHNSON,
M.A., L.D.S., D.D.S., M.D.S., F.A.C.D.

As reported by James M. Chalfant

REMINISCENCES or memoirs of a life on the stage, in literature, in military service, business and finance, or anything of the sort, are generally written after the author has retired from the active life of his particular calling. The natural implication, therefore, of my doing the old familiar looking backward stunt is

that I have finally joined the group that sits in the chimney corner whiling away the hours in reflecting upon the good old days. I protest that though I may be willing to give some of my impressions of dentistry over the period of more than half a century that I have been connected with it, I am really much more concerned with the pres-

In Two Chapters — Chapter I

This is the human story of the best-loved man in dentistry who tells gaily of his humble early days.

ent and the future than I am with the past.

Some time before I became editor of the *Journal of the American Dental Association* in 1925, I was prevailed upon to write for the magazine some of my memories of forty-five years in dentistry. Hence, there will be no avoiding a considerable amount of repetition in the present reminiscences for ORAL HYGIENE readers. Still, just as there rose up another generation that knew not Joseph, so I suppose there will be a very considerable number of you who were not reading the *Journal* at the time those articles were being published. And for you particularly may I repeat that, though I have been in dentistry since 1875, after all these many years I still get as big a thrill out of it as ever. That's why the present means more to me than the past, and why I am keenly interested in speculating upon

what the future may hold for dentistry.

After all, the past is interesting only as it leads to an understanding of the present and a suggestion for the future. The thing that makes for continuous interest in the profession is that in dentistry one can never become self-satisfied and complacent with himself and things as they are. There is no perfectibility in anything, particularly in dental technique. Every time we think we have something about as good as it can be, somebody comes along and demonstrates something better. So it is that we never get to the end of our achievements. Always something new is beckoning us on to increased efforts. This, as I see it, is one of the blessings of our profession, that its spirit of progress will not allow us to grow old and stale.

Of all the professions, I should say that the young man

capable of making his mark in any of them can land most quickly and most safely in dentistry. Since that far-away day when I made up my mind as to the profession I should follow there have been many, many changes in dentistry, and not all of them by any means for the worse. And so, as we are reaching the middle of this year of 1932, I may say in all sincerity that if I were to start all over again I would choose the same profession. I'd be a dentist, but I'd be a whole lot better dentist.

When I was a boy in Ontario it was customary for one wishing to enter the profession to be indentured to a practicing dentist. Since I was just a little over 15 years old at the time I determined on dentistry as a career and, therefore, quite too young to be graduated from a dental college, it was decided that I become indentured to a practitioner for a period of five years, at the conclusion of which I might go to college. On August 25, 1875, therefore, I took up the study of dentistry under my preceptor.

Like most arrangements of the sort, this apprenticeship offered me the opportunity of learning by close observation of the actual work of the people and by actually doing things for myself, beginning with the most humble and menial of tasks and gradually increasing in responsibility and importance as I showed myself ready for the more exacting tasks. Yet it is hard to imagine the present-day

dental student being willing to swap places with me. I combined in my position the duties of janitor, laboratory assistant, errand boy, and what not.

I began my days by sweeping and dusting the office. As there was no running water in the office I had to make numerous trips between the office and the laboratory, cleaning the cuspidor between patients. I put in much of my time in the laboratory, busied chiefly in waxing up, flasking, and finishing rubber dentures. We had no power lathes in those days. Our lathe had been contrived by taking the stand and wheel of an old sewing machine and fastening on top of it the lathe head. This affair was powered by leg muscle, so that the proper polishing of each denture involved a considerable amount of exercise for me. But what an excellent developer of leg muscle that old lathe was!

I have never forgotten a certain mishap which occurred to me one day as I was pedaling away, doing my best to put a high polish on a plate. It was one of those grotesque things called gum sections, a full upper denture. Suddenly, to my dismay, the polishing brush whisked the denture from my grasp. It landed on the floor with a sickening crash, great cracks spreading across both of those anterior gum sections. My morale was shattered, too. Surely after such an exhibition of clumsiness as this I should not afterwards be

trusted with anything requiring any degree of skill or care.

My preceptor not only earned my life-long gratitude by concealing from the irate patient my part in the catastrophe, merely explaining that an accident had happened in the laboratory, but before long gave me other things to do which showed that I had not quite forfeited all claim to trustworthiness. When I was not busy at something else I tried to put my odd moments to good use in preparing cavities with hand excavators in extracted teeth. Like most country offices, ours had only too plentiful a supply of the latter.

At the time of my indenture-ship there were relatively few dentists, so many small towns and villages were dependent upon the monthly visits of the dentists from the larger places. After a while it became one of my duties to accompany the dentist on these trips as his assistant. Later on I was thrown on my own responsibility by having to fill some of these appointments by myself, and, in this way, developed a self-reliance that I could have acquired in no other way. Most of the work that I did on these barnstorming trips to villages and farmhouses consisted of extracting teeth and roots and putting in plates.

In these days of the exodontist it is hard to realize with what scant facilities we were obliged to do our extracting in the seventies. Most of the cases

we were called upon to handle were beyond saving. In those out-of-the-way places we had no anesthetics whatever. In place of the splendid modern dental chair, and all the other highly specialized equipment which the dentist of today takes as a matter of course, we had an ordinary kitchen or rocking chair and a meagre assortment of forceps. My favorite forceps for extracting lower molars was for a long time the cow-horn. How I ever managed to extract so many stubborn molars with it as I did and escape breaking jaws will always remain to me cause for awe and wonder. Though I must deplore many unnecessary extractions, still, from this perspective, I cannot but admire the combination of determination and skill by which we got things accomplished in those early days of my dental experience.

Were the modern dentist to be asked to leave his well-equipped office and go out to some isolated farmhouse and construct a set of teeth before leaving the place, carrying the case through from taking the impression to inserting the finished denture in the mouth, he would throw up his hands and say that it was impossible. Nevertheless, many a time when we had patients at farmhouses a considerable distance in the country we would carry the necessary tools and instruments with us in the buggy and stay right at the job until it was fin-

ished. We used kerosene for vulcanizing, and for grinding the teeth and polishing the plate we used a small hand lathe screwed to the kitchen table. Since the foot engine was still some years in the future, all filling of teeth was done with hand excavators and hand drills.

When, in 1880, I had completed my five-year period of indentureship, conditions were not particularly favorable for my attending college. My family was in financial difficulties, but I was so set upon going to school that I would not allow this circumstance to deter me. The regular dental course of that period consisted of two years' work. However, because of my indentureship with a practitioner I had the privilege of condensing the two years' work in one and writing for my diploma. It was a rather formidable undertaking. The only way I could go to college was on borrowed money and I decided that, in order not to go any farther in debt than was absolutely necessary, I must get through in one year.

Accordingly, that fall I entered the Royal College of Dental Surgeons of Ontario, in the city of Toronto. Besides myself there was only one other one-year man in the class. When, in the opening lecture, Dean J. B. Willmott enlarged upon the extreme difficulty of the course and declared pointedly that a one-year man could never hope to get through, I was greatly

discouraged. Partially recovering from my depression, I reflected that, if I got my work properly in the one year, nobody could keep me from being graduated, and, therefore, I settled down to my studies with a zeal born of desperation.

Because of my apprenticeship, because of the fact that I had actually *done* a lot of things, when it came to the practical work of the course, I had little difficulty in excelling most of the boys. With the theory it was a different matter, but here too I was determined to make good. A chance bit of encouragement from a fellow student helped me over the hard places and put new zest into my efforts to master the theory. He was a senior, looked upon as the leader of his class. Somehow he took an interest in me and one evening invited my roommate and me to accompany him to his room for a quiz. We were reviewing anatomy. He asked me to describe the petrous portion of the temporal bone, and when I had done so he exclaimed approvingly, "Johnson, you are a horse for study. You won't have any trouble getting through!"

That expression of somebody else's faith in my ability to make the grade spurred me on to increased effort. Before long it must have become apparent to Dean Willmott how desperately in earnest I was about the whole thing, and his attitude toward me changed quite noticea-



Dean J. B. Willmott

bly, becoming most kindly and considerate.

In order to get along with my story I must pass over the many memorable incidents of that eventful year at the old Royal College, except for a comment on its surprising conclusion. We had two examinations to take, one a faculty examination for honors, and another by the board for diploma to practice dentistry. As the faculty examination was entirely optional, and since, being a one-year man, I felt that there was little chance of my getting honors, I had no intention of writing. But Dean Willmott insisted that I enter the competition, suggesting that the writing would be good practice for my final board examination.

There was a great rivalry between the cities of Hamilton and Toronto as to which should win the gold medal. Each student had written under a number placed opposite his name and sealed in an envelope. The awards were made by number so that not even the examiners might know who the winner was until all the papers had been read and the envelope opened. So sure was I that I would not win that I had gone on an errand to one of the dental depots. I was there, leaning over the counter, when one of the boys rushed in and excitedly told me that I was wanted back at the college. Further than that he would say nothing, and for a moment I had the awful sensa-

tion that after all my efforts I had failed in the examination.

The reception I received when we got back to the college quickly dispelled any such belief. As soon as I could get away I hurried to the telegraph office and wired my parents, "Passed with honors and took the gold medal." And seeing that I was a boy from up in the country, everybody seemed to be satisfied with the outcome of the examination. The Hamilton boys were jubilant over the fact that Toronto had not won, and the Toronto fellows were equally pleased that the honors had not gone to a Hamilton boy. There was some embarrassment in the situation for me, because it was the usual thing for the winner of the medal to give an oyster supper for the faculty and senior class on the occasion of the formal presentation of the medal. I simply did not have enough money to do it, but when I told a couple of the boys of my difficulty Alex Bowes, of Ottawa, heard about my predicament and insisted upon lending me some money. More than thirty years later at a dinner in Vancouver at which Alex was present I was telling how my first entertaining in public had been done on borrowed money. Alex, seated across the table from me, took occasion to remark, "Say, C. N., you needn't be so powerful grateful over that affair. I won that money betting on you for the medal!"

I opened my first office in Collingwood, Ontario, on Geor-

gian Bay, in the spring of 1881. My beginning in professional life was somewhat hampered by my sorry financial status. Having gone to school on borrowed money, I found myself under the necessity of borrowing still more money with which to provide myself those things absolutely needed for the opening of a dental office. So anxious was I to keep the amount of my indebtedness as low as possible that I set up in practice without even a dental engine. For the first few months I did all my operating with hand instruments.

When my landlord observed that, in lieu of a dental chair, I was using an ordinary rocking chair with a block of wood slipped under the rocker, he insisted that I accept a loan of \$45 with which to buy a barber chair. With this fine new outfit I soon had a full practice and was before long completely out of debt. In spite of my early success I was fortunate enough to realize that I must nurse my practice as carefully as ever and that I must not splurge too heavily in a sumptuous office for show purposes. I am a firm believer in a well-equipped office when a man can afford it, but I still believe, as I did then, that it is easily possible for the young dentist to impede his professional progress by contracting too heavy obligations instead of starting in practice in a fairly unpretentious way and allowing his improvements to keep pace with his increase in practice.

The people of Collingwood

gave me a cordial reception and my first real start in life. I enjoyed a very attractive practice and felt very much at home in the professional and social life of the town. So far as any reasonable person could see the thing for me to do was to go right on building a professional career in the place where I had been fortunate enough to get such an excellent start. By the time I had been in Collingwood three years I had equipped my office with all the requisites of those days. I had a very comfortable bank balance and no debts. Furthermore I had married and had a splendid home. What more could a fellow want? And yet, in the fall of 1884, in an almost unaccountable manner, flying in the face of the earnest, well-meant advice of nearly all my Collingwood friends, I made up my mind to move to Chicago. Only one of my friends encouraged me at all in my decision, and that was one of the town's leading lawyers who wrote me a note which said, "While I am sorry to lose your services for my family, I must not be selfish enough to regret seeing you go to a larger field where your ability will enjoy a wider expansion."

Never before nor since have I made a decision with more opposition than confronted me in this instance. Everybody, it seemed, including the members of my family, was skeptical of the wisdom of my proposed move; that is, everybody except

the one man I have just quoted. They argued with me on the grounds of economic expediency, and from that to everything else, including considerations of morality and my responsibilities as the head of a household. One dentist friend practicing in another town reasoned with me long and desperately trying to dissuade me, winding up his argument by saying, "You are a married man and presumably may raise a family. Chicago is such a terribly wicked city that you have no right to bring up children in a place like that. Then besides, I hear that most of the people there have catarrh and are, therefore, very disagreeable to work for."

How explain, then, how it was that, despite all this vigorous and well-meant opposition, I clung stubbornly to my decision to move to the great city of Chicago? As near as I can say, the explanation is as follows: I had come to the conclusion that my professional growth would be definitely limited if I stayed in Collingwood, but that if I should go to Chicago a whole new world of con-

tacts and experiences and growth in the dental profession would be opened to me. My practice had already shown me my own limitations, and I felt that I needed the inspiration and help of bigger, abler men than myself to enable me to overcome them.

I was a great subscriber for dental journals, and I read the journals I got. In my reading I time after time came across the names of men high in the profession. And in time, following the accounts of them as they appeared in the proceedings of the dental societies, I grew fairly familiar with them. But hero worship at a distance was not enough. The more I read of them the more the conviction grew that I would never be content until I had had the opportunity of knowing personally these men whose higher attainments and broader outlook might give me new inspiration. There were many of these big men in dentistry in and around Chicago, and that is really why, I suppose, I decided to move.

(To be concluded in July)

RECIPROCITY VOTE

"At the annual meeting of the Southeastern Indiana Dental Society, held at Rising Sun, Indiana, on April 7, 1932, the subject of reciprocity was taken up with the members. Upon motion, the society voted in favor of reciprocity. This component society is composed of eighteen members.

"I think it would be a very material benefit to this cause if the secretary of each component society were urged to bring this subject before its members for a vote."—H. J. LONGCAMP, D.D.S.,
Secretary, Southeastern Indiana Dental Society

Tempus FUGIT



Twenty years ago
this month.

Doctor or Dentor

As far back as dentists can recall there have been suggestions to the effect that dentists should have a title of their own and not come under the broader appellation of "Doctor." It is interesting to read one of the arguments that was advanced twenty years ago in favor of such a change. We find it in the June, 1912, issue of *ORAL HYGIENE*. The author was John Philip Erwin, D.D.S., of Perkasié, Pa.

"The prime purpose of a title is to indicate the class of or position in society to which the bearer belongs and when it fails to do this clearly, it at once drops from its original purpose and becomes a hindrance rather than a help. And so it should be.

"Dentistry, however, continues to employ the title *Doctor* (*Dr.*) confiscated years ago from the medical profession to add prestige to our calling, not-

withstanding its continued use creates continual confusion and heaps deserved discredit upon us. Custom, that invisible builder, weaving its web of steel as a spider binds a fly, through years of usage has designated *Doctor* to indicate a person engaged in the practice of medicine, and its use by any other class is unjustifiable.

"... dentistry should divorce itself forever from the medical profession, giving back the title of *Doctor* and adopting in its stead the new title, *Dentor* abbreviated *Dtr.*

"Dentistry is destined to be an independent profession and as such must possess a title clearly indicating those engaged in its practice. Our future is not as medical doctors practicing dentistry nor as a branch of the medical profession, but as a separate unit, a profession independent in itself."



Why be so SERIOUS?

By FRANK ENTWISTLE, D. D. S.

WELL, why? I mean about dentistry, ourselves, our desires, and the headache problems which result from the mixing of such incompatibles.

I am writing this at, for, and to the pluggers: the eight out of ten dentists who spend all day and every day plugging away at the teeth of middle-class folk who can't begin to pay in cash for the services they receive, the eighty per cent who support the dental societies, keep the supply houses in business, work like horses all day, and at night sit down and write letters to magazines, telling how disappointed they are and that "dentistry sure is one lousy trade."

Sure it is. When you'd rather go fishing, anything else is irksome.

Of course, these are purely personal views. Some of you may agree with me and lots of you won't; but we've got the game by the tail with a downhill pull. Just sit back and let me try to tell you why.

Caesar split Gaul into three parts; luck and natural selection did the same thing for the dental profession. Out of every ten of us, one is an advertiser; one is a big fellow; and the other eight are the gang, my gang, the pluggers. I've been one of you for fifteen years, and I hope I can stick with you for thirty more.

Let's take them in order. We don't have to waste much time on the advertiser. If I am wrong, somebody please correct me—but from what we know and see of him, no self-respecting gangster would tackle his racket. Outside of lowering our professional standards and giving a lot of trusting folks a good, swift kick in the pocket-book, he doesn't do much harm. He's just in the wrong line of business; put him on a nice steady garbage collection route and he'd be a world beater. Just a case of a rose by any other name.

Now for the big fellow, the superfee, supertechician, super-

salesman type. They run our state and national societies, write most of the technical and scientific articles for our magazines, and control dental politics. Practically without exception they are suave, agreeable gentlemen. I've met a lot of

them at conventions and big society meetings, and taking them by and large, they are a fine intelligent lot. Dumb luck did not put most of them where they are; they are the bold, shrewd lads who would be at the top of the heap in anything they tackled. Natural selection does that;

one in ten is practical enough to be a leader.

They are the men that our gang, in their secret and bewildered hearts, are jealous of. But gosh! Gang, pause and ponder on the worries they must have. Gorgeous offices, tremendous overhead, putting on the big front, and having to live up to it. And the politics. Of course, like all good Democrats and Republicans we—the gang with the votes—are more or less like sheep. But think of the fears they must have that some day we might go Bolshevik.

Far be it from me to belittle their political efforts. They are striving to put dentistry on a

higher plane; and when we look back twenty or twenty-five years, they are making a pretty good job of it. Very soon now the "painless dental parlor" will have gone the way of the one-piece crown and the "well-filled" root canal.

I am writing this at, for, and to the pluggers: the eighty per cent who support the dental societies, keep the supply houses in business, work all day, and at night write letters to magazines, telling how disappointed they are and that "dentistry sure is one lousy trade."

The only quarrel I have with them is that they don't seem to understand that dental treatment is needed by the masses. They don't come in professional contact with the great low-earning section of our public, good intelligent people who know what they should be get-

ting but cannot pay for it. Something has to be done for them, and that something must be either properly conducted clinics or panel dentistry. But whatever it is, it must be fair to them and fair to us, for we—the eighty per cent—will be out there bearing the heat and burden of the day. And the big fellows will have to put it over; energy and initiative are needed; and the gang is too tired or too timid to do it.

And now the gang. Why are we so lucky? We work hard and we don't get much for it. True, but if we use ordinary common sense in locating ourselves and in attracting patients

to us, we cannot starve; we are needed too badly for that. Periods of depression will hit us, but not nearly so hard as they hit the big fellows. Last winter I heard one prominent New York orthodontist say that October normally brought him fifteen new cases; last October he had one. Try that one on your risibilities.

So long as our offices are neat and clean and well enough equipped we don't have to pay Fifth Avenue rents, and folks will still come to us. We can be jolly and natural with our patients and they like us more for it. They are beginning to get the idea that their dentist is a professional man, and if, by our manner and actions, we demand their attention and respect they will give it to us.

Now the money end, which seems to bother us more than anything. I have just been glancing over the report of the Committee on the Study of Dental Practice of the A.D.A. If the report is anything to go by we haven't much to complain about. We are in the income tax paying class; and, believe it or not, mighty few of Uncle Sam's children are privileged to kid the internal revenue department.

Another big item: we are in business for ourselves. No employer can lay us on the shelf until times improve. Just think of the number of men you know who, after years of service, have

been suddenly deprived of their jobs in the last year or two. True, when times are bad we suffer somewhat, but we are never at an absolute standstill. The new car may have to wait; but the new equipment man and the business efficiency expert are not bothering us much.

Now that it has been mentioned, let's see if we can raise a few rueful chuckles at these business courses we have been taking. Take them to pieces, and what are they? A little office routine, a lot more sweat and backaches, and plenty of the good old high-pressure sales stuff, all mixed up with the rudiments of psychology, time sheets with clock to match, and Alice in Wonderland. It would be wonderful stuff if dentistry was a business instead of a profession, and if the courses were built upon a logical premise.

First, they take it for granted that we can get all the patients we need, which we can not; and second, that if we sit down and pour honeyed words in the patient's ear bigger and better fees will result. Maybe so, if the patient has the money, but most of them have not, and it still remains for someone to squeeze orange juice from a prune.

Well! I don't know if I've put over what I wanted to say, that is, that there is pleasure, satisfaction, and joy in a life of useful mediocrity. Kipling was right, Gang, when he said, "The backbone of the Army is the noncommissioned man."

The DENTAL DISPENSARY and ORAL HYGIENE Movement

A History by FREDERICK W. PROSEUS, D. D. S.

(Conclusion)

THE work went on well until August when the operator for a specified time reported that he could not carry on the scheduled work as the rooms were closed. The secretary of the Health Association said the buildings would be closed for the month of August. This was not the wish of the society. Captain Lomb was too feeble to appeal to, so nothing could be done but finish up our first year and make our report to the State Board of Charities.

About this time our attorney reported to me that an attempt would be made to deprive the Rochester Dental Society of its license to conduct a dispensary. I went to Dr. Stoddard, president of the Board of Charities, and told him of the rumor. Some months later we were informed, by telephone, when the hearing, at which we would show cause for not giving up our license, would be held. Some time later notice was sent that this hearing had been postponed; and that was the last that we ever heard of the at-

tempt to take away our license. Doctor Stoddard told me that as long as the Dispensary was conducted as it had been he was proud of it.

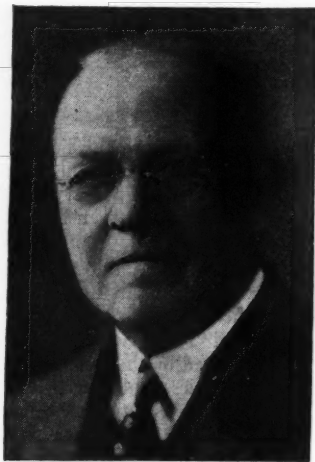
If the tonsil and adenoid clinic which Captain Lomb also established had been continued¹³ wonderful results could have been achieved by the two clinics. Also, statistics could have been gathered for the years which elapsed before this work was again taken up, this time with the assistance of Mr. George Eastman.

The school children of the lower grades were brought in squads to the Dispensary for examination, and many of these children became patients. The service was so much in demand that it became necessary to confine the work entirely to the children brought for examination.

Captain Lomb furnished toothbrushes for each child attending the clinic and glasses for

¹³The dental book of records was also for statistics of Angle's Classification of Irregularity.

those with defective vision. The Druggists' Association furnished tooth powder. During the second year Captain Lomb was very eager to increase the dental operative staff, and funds were provided to pay for the services of registered, part-time den-



William Bausch, our left bower who came into the game when help was sadly needed.

tists.¹⁴ The money which was paid to the society for examining the school children's teeth was voted as a gift to the Hospital Fund.

The work of the Law Committee of the state dental society required so much of my time that it conflicted with my work at the Dispensary, so each member of the Dispensary Commit-

tee was requested to act as chairman. During his chairmanship, Dr. Belcher took advantage of the growing popularity of the work and increased its scope and efficiency.

On June 10, 1908, a special meeting of the Rochester Dental Society was held for the purpose of considering its future relations with the Public Health Association, inasmuch as Captain Lomb had decided to withdraw his financial support after January 1, 1909. The secretary of the Health Association was present and spoke at some length on the relations he would like to see exist between the Rochester Dental Society and the Public Health Association. It was his opinion that if the dental clinic could be brought under the jurisdiction of the supervising director of the Health Association, more efficient work would result, besides the establishment of a more co-operative spirit among the clinics.

After some discussion, opened by Dr. W. W. Belcher, it was decided that the business routine of the clinic should be delegated to the supervising director, but that, from the professional aspect, the clinic would at all time be under the immediate supervision of the Rochester Dental Society.

Captain Lomb's death occurred on June 13, 1908.

On January 12, 1909, Mr. George Eastman made a gift of \$200 to the Dispensary.

On May 11, 1909, Doctor Belcher, reporting for the Hospital Committee, suggested that

¹⁴Drs. Le Roy Requa and C. A. Thorne were employed.

a report of conditions at the Dispensary be published regularly, and asked for the society's opinion. This was the beginning of the publication of *The Dental Dispensary Record*, of which Doctor Belcher was editor for three years. Drs. F. Messerschmitt and M. L. Hume were managers.

About this time, ORAL HYGIENE lost its editor, Dr. George Edwin Hunt. As the Rochester Dental Society was well acquainted with Doctor Belcher's ability and qualifications, it was glad to have Doctor Belcher succeed Doctor Hunt as editor, a position Doctor Belcher held during the rest of his life.

During these years the Dispensary was greatly in need of financial assistance, despite the fact that it received a prize of \$1,000 from Mr. William Hodge¹⁵ for meritorious work. On April 12, 1910, a resolution of thanks was offered the Women's Civic Club of West High School for its interest in the Dispensary and for its financial aid. As the public became interested, other organizations, such as the Women's Civic Club and the women of the Pinnacle Club, began to support the work.

In 1914, a performance of Gilbert and Sullivan's "Iolanthe" was given for the benefit of the Dispensary. On November 10, 1914, Dr. F. M. Rood reported that there was a balance of \$1,600 in the treasury—made up of a contribution of \$25 from the Damascus Tem-

ple; \$300 from the Rochester Rotary Club; \$1,000 from William Bausch to establish a clinic in a public school; another gift of \$300 from Mr. Eastman. On April 9, Doctor Burns read the new contract with the city, the



Dr. Edward G. Link

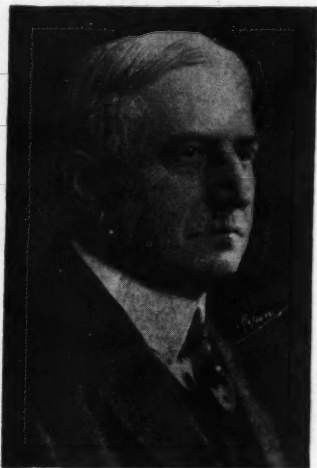
amount appropriated for dispensary work being \$4,000.

On July 20, 1915, at a special meeting of the Rochester Dental Society, Dr. W. W. Smith, acting chairman of the Dispensary Committee, read before the society the formal statement of the gift of a dental dispensary made possible by the generosity of Mr. George Eastman. The following resolutions were read and unanimously adopted.

"Resolved, That the Rochester Dental Society, pending fur-

¹⁵The well-known actor and playwright who died January 30, 1932.

ther and more formal action at a regular meeting, express to Mr. George Eastman its appreciation of the exceptional opportunity afforded the Society to extend and broaden its work of dental relief, and that it pledge him in this great benefaction its



Dr. Harvey J. Burkhart, American Ambassador of Dentistry.

Like Lindbergh, he needs no introduction.

unqualified professional and practical support."

A vote of thanks was also tendered Mr. William Bausch for his great interest and his help in carrying out Mr. Eastman's plan.

It is impossible at this time to enumerate all those who assisted in our work and all the incidents that occurred, but there are some men that must not be over-

looked. Among those behind the scenes who had great influence in helping to shape the destiny of the Dispensary and its future is the late J. W. Graves who, for a quarter of a century, was the dentist of the late Mr. Eastman. Doctor Graves often told me of his talks with Mr. Eastman and I am sure that he helped to mold Mr. Eastman's opinions regarding the Dispensary as a charity worthy of his consideration. The year previous to that in which Mr. Eastman endowed the work, I was sent for, at Doctor Grave's suggestion, to confer with Mr. Eastman about the Dispensary work. I told him at that time that (regardless of my inability to convey to him the importance of the work) should he become seriously interested in it, I felt there would be no charity in his life which would give him greater pleasure and pride in making it a benefit to mankind; and, should he do so, he would accomplish more in spanning the chasm of ignorance between medicine and dentistry than any other man in the history of the profession.

There is also our good friend, Dr. Edward G. Link, who suggested Dr. Harvey J. Burkhart as director and gave his support and overwhelming influence in securing the appointment of Doctor Burkhart.

The Honorable Hiram Edgerton, then mayor of Rochester, pledged his administration's support. He promised that the proper legislation would be en-

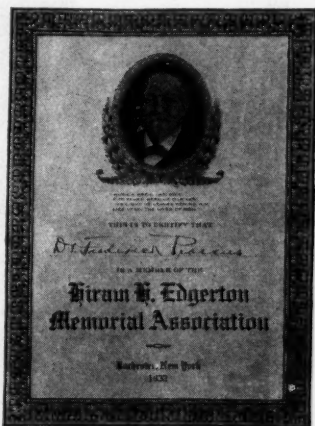
acted to secure appropriations to carry on the work.

The famous Hunter indictment—that dentistry in America¹⁶ was septic—in 1910 was not relished by the dental profession because it was not fair to American dentistry. In the nineties, D. D. Smith, M.D., D.D.S., of Philadelphia, had given the dental and medical world a warning on sepsis and antisepsis which was heeded by the careful dental practitioners of America. Doctor Hunter was as unfair to American dentists as we would be if we were to indict a whole city as being law breakers and bootleggers because a certain element of its population came under these titles; but Doctor Hunter was a prominent man in the medical profession in England and his opinion carried great weight.

In 1914, when Doctor Fones, of Bridgeport, made his wonderful demonstration of oral health to the school children of that city, he gave an added impetus to the movement throughout the United States, and from his work we have an addition to our profession, the oral hygienist, who is now licensed by many states to work in public institutions and in the offices of dental practitioners.¹⁷

Until a few years ago the National Dental Association con-

sisted of a few hundred members. The membership in our state societies was small, but every effort was made to show the profession the best methods that were humanly possible to be used by the profession at large. There were large num-



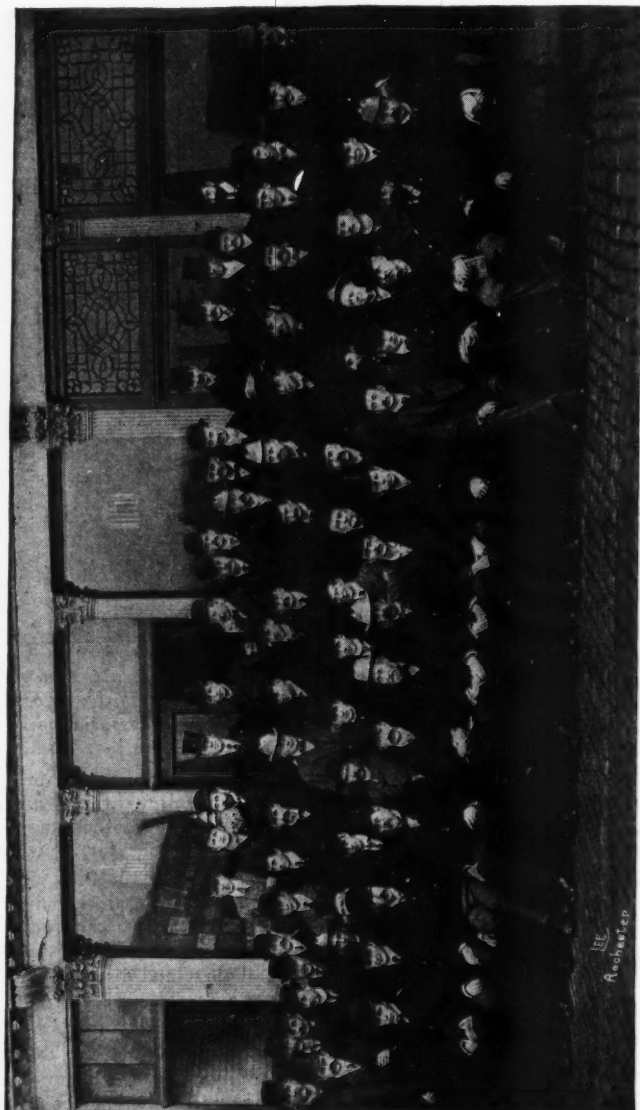
Dr. Proseus' certificate of membership in the Hiram H. Edgerton Memorial Association.

bers of men conducting unprofessional, commercial dental "parlors," whose methods were mainly responsible for Doctor Hunter's indictment.

With the general introduction of the x-ray it became more clearly possible to understand the pathology and disease in the deeper tissues which surround the teeth. While Hunter's shot hit hard, it was not the cause that brought about a better understanding of the correct con-

¹⁶Hunter, Wm., "The Role of Sepsis and of Antisepsis in Medicine," *Lancet*, Vol. CLXXX, No. 4559, p. 79, January 14, 1911.

¹⁷Fones, Alfred C., "The Teaching of Oral Hygiene and Its Results in Bridgeport," *J. Amer. Den. Asso.*, Vol. 13, pp. 510-512, 1926.

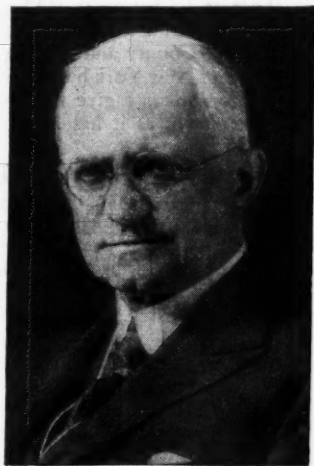


Seventh District Dental Society at the turn of the century. In the front row, at the right of the center, the late Dr. William W. Belcher, then president of the Society.

LEE
Acheson

ditions for oral health in America.

By the establishment of dental dispensaries; by the practice of oral hygiene; by free clinics for those unable to pay, and by lectures and literature to the public, a condition has been



George Eastman,¹⁸ world patron of dentistry.

brought about which gives a greater appreciation of the work of the dentists and finds a public willing to pay fair fees for good service rendered.

The Seventh District and the Rochester Dental Societies can well feel proud of their records and happy that they were worthy to receive this wonderful endowment of trust from Mr. Eastman.

The esteemed president of

our university, Dr. Rush Rhees, at the recent dinner extended to Mr. Eastman by the Society of the Genesee, in referring to the establishment of dental clinics in London, Rome, Paris, and Stockholm, mentioned the work being done in Rochester as a clinic by some Rochester dentists. I would remind you that, while this is true, it is also true that this was an effective, well-organized dispensary doing everything that could be done with the means available; that publicity had been given this work by Doctor Belcher, and that that publicity extended throughout the dental world and that communities all over had taken up this work.

While the institution which Doctor Rhees represents is destined to have a world-wide reputation, at the same time he mentioned, "Let it not be forgotten that the work of the Rochester Dental Dispensary was known through the work, and most through the efforts of our departed co-worker, Dr. W. W. Belcher."

So much had been said about Captain Lomb that I can add very little. An acquaintance of mine who was an old friend of his, upon being asked if he could tell me something regarding the kind of a man Captain Lomb was, said, "I will tell you. He became a captain in the United States Army in the Civil War. At night after the hard marches, he would go among his fatigued and sleeping men and listen to see if any were restless or showed signs of distress. If he

¹⁸Died March 14, 1932.

found some, he would take them to his tent, warm and prepare something for them as their mother would have done if they had been at home." I said to my friend, "You need not tell me anything more about Captain Lomb: I know the man."

This incident of the battlefield, or camp, shows that Captain Lomb gave all his life to help those who needed assistance.

We have been told many times how retiring he was and how he did not wish to have his name appear in these charities and what a gentle *man* he was. The men in his company during the war gave him that devotion which goes only to the truly great.

Let us not fail to emulate the example which this remarkable man has given us—that we may not be responsible in breaking his cadence for better dentistry and health.

Let us not rest at ease, thinking our work will be carried on satisfactorily without your co-operation. Should you fail to help, paternal and state dentistry and panel dentistry threaten our profession.

By the time our Dispensary

celebrates its golden anniversary great changes will have taken place in the practice of our profession. Decayed teeth will be the exception rather than the rule. Corrective eating, diet, and hygiene will be responsible for this condition. Opportunities greater than those we had in the past lie before us. This society is desirous of legislation in Monroe County and later in the State of New York by which the profession may give in this work as freely as it has in the past.

Mr. Eastman's work is too well known to make it necessary for me to comment on it, but I am sure that every member of the dental profession is grateful to him as the world patron of dentistry.¹⁹

Doctor Belcher approved the selection of Doctor Burkhart as director of the Dental Dispensary. He was fearful of only one thing and that was that we might lose him as director if he consider favorably the office of mayor of Rochester. He has won a greater honor as the United States ambassador of dentistry.

¹⁹Established by gift, dispensaries in Rochester, London, Paris, Rome, Stockholm, and Berlin.

YOUR CHURCH AND YOUR PRACTICE

I certainly enjoyed the article by Dr. Weir, "Your Church and Your Practice."* If more dentists held Dr. Weir's opinions, our standard of dentistry would be higher.

Your magazine is much enjoyed.—CHARLES A. PRIEST, D.D.S., Marion, Ind.

*ORAL HYGIENE, October, 1931, p. 2146.

The TOOTHBRUSH:

Is It It or Is It Not?

By J. MENZIES CAMPBELL, D. D. S., L. D. S., F. R. S. E.

*Member of the Hygiene Commission, International
Dental Federation*

"I do not wish to disparage unduly the value of the toothbrush as an aid to oral hygiene, but I *do* want to stress the fundamental importance of rational dietetics."

FOR many years, the dental profession has been persistently telling the public that the regular use of a toothbrush will prevent both dental caries and pyorrhea alveolaris. In consequence, more toothbrushes are being used today than ever before in the world's history. Has there been a resultant lessening in the incidence of dental disease? Most emphatically *No*. It is still the most prevalent of modern complaints.

At the same time it should be recognized that, had toothbrushes not been so extensively used in the past to counteract the ill-effects of refined foods, dental disease *might* be even more rampant than it is today.

A section of the dental profession still tenaciously adheres to the slogan, *A clean tooth never decays*—yet, as individuals, we all know persons who, although they do not use toothbrushes, are unaffected by dental disease; and, alternately, others who, despite the regular and thorough use of toothbrushes, develop carious cavities at frequent intervals. Even our patients are beginning to realize that brushing the teeth does *not* insure immunity from dental disease.

Toothbrushes are merely products of civilization. Our ancestors, amongst whom dental disease was a rarity, neither required nor used toothbrushes—they ate foods which nourished the body, including the gums and teeth, and cleaned the latter far better than is possible by any toothbrush.

Nationally, we suffer from the ogre of unemployment. But, has the dental profession given full consideration to that ever-present problem of unemployed gums and teeth? One might say that teeth, today, are "on the dole." They atrophy from a

lack of work. It has been proved that the mastication of hard, cleansing foods stimulates the circulation of the blood in and around the teeth, as well as preventing the deposit of food particles.

Of course, we cannot, in an age of advanced civilization, return wholly to the foods of our forefathers, but we *can* persuade our patients to eat and masticate a greater proportion of hard foods.

Further, modern research workers tell us that the proper feeding of the expectant and nursing mother will not only preserve her own teeth against dental disease, but will also produce well-developed jaws and sound teeth in her offspring—teeth better able later to withstand abuse. Also, it is essential that both children and adults should continue to eat foods containing a sufficiency of vitamins, mineral salts, and roughage. Our slogan ought to be: *Properly nourished and properly exercised teeth will not decay.*

I do not wish to disparage unduly the value of the toothbrush as an aid to oral hygiene, but I *do* want to stress the fundamental importance of rational dietetics. It would be too great

a counsel of perfection to expect present-day civilized man to make such dietetic adjustments as would entirely obviate the necessity for the use of the toothbrush, which is, at best, merely an unnatural method of trying to right the wrongs of unnatural feeding.

When civilized man learns to eat rationally, and when foods cease to be devitalized, then and then only, will the toothbrush be relegated to its proper niche in the fight for oral righteousness. Until then, it must remain a weak, yet popular, weapon against dental disease.

At the same time, we must concede the fact that the toothbrush is, at present, a necessity, although its use is by no means immune from danger. It is an aid in massaging lazy gums; it also helps to remove food débris but, in this connection, the toothbrush tends to create a false

feeling of security because it fails to remove all the food particles. Even we, as dentists, know from practical experience that, despite prolonged and careful brushing of the teeth, the subsequent use of dental floss or a fine toothpick will yield surprisingly large amounts of food débris. For this reason patients should be instructed in the proper use of such additional aids to mouth hygiene as dental floss, toothpicks, and mouth washes.

In my opinion, for general use, a "child's size" toothbrush is best. The handle should be curved and the bristles, of not

too hard a texture, arranged in a saw-like manner with sufficient space between the tufts, which should be wired to the framework—cemented bristles are a danger.

The patient should be instructed in the most efficient methods for brushing the teeth. If improperly used, a toothbrush may cause erosion of the enamel and, by irritating the gingivæ, lower the local resistance and thus hasten the onset of pyorrhea alveolaris.

A word about germs. Hitherto, we have tended to place undue importance on these; we have, *a priori*, accepted them, without cavil, as the cause of dental disease. We have failed to appreciate the fact that, although the oral cavity is from every standpoint an ideal breeding-ground for bacteria, wounds heal quicker in the mouth than in any other part of the body. Let us face the truth and admit that, at least, the vast majority of germs must be "friendly-disposed" towards us. Even a rigid Calvinist would be pardoned for marvelling at the twentieth century dentists' blind faith in germs as the sole cause of dental disease. Truly a "Diet of Worms"—germs if you will!

Have we not too blindly and too rashly concluded that, because germs and disease are present together, the former must have caused the latter? We even go further and rely upon the so-called efficiency of certain disinfectants to kill the so-called

germs of dental disease, forgetting all the while that germs are living organisms, and that any agent, sufficiently powerful to kill germs in the mouth, must first of all destroy the oral tissues. Our faith is profound in its density.

To maintain a high bodily resistance is the surest barrier against "unfriendly" germs—these cannot then gain a foothold. This applies, with equal force, to the mouth; so many of us seem to regard the oral cavity as a separate entity with troubles peculiarly its own. Never was there greater nonsense; everything is part of an intricate body-mechanism and, when one part degenerates, the rest must share a similar fate.

Much has been written regarding the sterilization of the toothbrush but, in my opinion, no brush has, as yet, been produced that can remain effective after having been boiled. For all practical purposes it is sufficient to rinse the bristles in a cold saline solution, and afterwards dry them in natural or artificial sunlight. If these be not available, fresh air is an excellent substitute.

When civilized man learns to eat rationally, and when foods cease to be devitalized, then and then only, will the toothbrush be relegated to its proper niche in the fight for oral righteousness. Until then, it must remain a weak, yet popular, weapon against dental disease.

A VOICE from the RANKS

By ARTHUR G. SMITH, D. M. D., F. A. C. D.

"The New York Tuberculosis and Health Association and the American Association for the Control of Cancer do not care where they get the money from, as long as they get it. The money is used for a good purpose—to educate the public in regard to tuberculosis and cancer. These two organizations are backed by the American Medical Association. *** Is anyone foolish enough to say for a minute that the American Medical Association does not know, and realize, that *every piece of propaganda sent out to the public in regard to tuberculosis and cancer will redound to the benefit of the medical practitioners?*"

* * *

"... the Associated Press flashed the news all over the United States that the American Medical Association was going to sponsor foods. That is another piece of *propaganda* that will benefit the American Medical Association."

* * *

"So far as I am concerned personally, I see no objection to accepting money from the manufacturers of a product not approved by the Council on Dental Therapeutics, because that product will never be mentioned in the educational messages of the American Dental Association." * * *

"I wonder why you fellows are practicing dentistry today. On your dignity? You are practicing dentistry to make money! *Every one* of you went into the dental profession

because you thought that was the best way to make a livelihood."

* * *

"... every one of you, when you put through a dental operation for the patient, do not do that for the benefit of the patient. You do that for your own benefit, and the patient, of course, comes in the problem. You expect to do good work, but if the patient did not pay you, how many of you would do it?"

* * *

"If you can do something for the good of the public by showing the benefit of dental service, you are justifying the methods which you employ..."

THE sentences just quoted are not the utterings of some obscure practitioner who might be excused or forgiven because of his limited vision regarding the inherent differences between a profession and a business; they are the verbatim words spoken by the president of the American Dental Association at a recent meeting in St. Louis, as reported in ORAL HYGIENE for April, 1932, pages 739 to 741, inclusive. (The asterisks denote that portions of the text as given on these pages have been omitted, but such omissions do not change or soften the implications car-

ried, in the least. The italics are mine.)

Not in many years, if ever, has it been necessary for the dental profession to consider the gravity of such words, coming from such a source.

Doctor Dewey is unquestionably in full possession of one of the keenest minds at present to be found in the dental field. He has for long been well accustomed to public utterance and appearance. To attempt to excuse any statements which he may make, either in public or private, on the ground that he did not know or fully realize what he was saying is to confess an entire ignorance of the calibre and fibre of the man. Doctor Dewey is preeminently an example of the type of man who makes it his business always to know exactly what he wants to say and then says only and exactly that. Knowledge of this fact leaves the definite conclusion that the utterances as quoted represent accurately his feelings and standards regarding his educational program—which was the matter under discussion at the time these remarks were made.

Passing over without comment an informality, not to say coarseness, of expression strangely out of place when coming from the lips of the president of a national organization of professional men, as contained in the quotation, "I wonder why you fellows are practicing dentistry today?" and proceeding directly to the heart of the whole matter, the points at is-

sue may be said to be fairly joined, for in his reply to his own question, as just given, Doctor Dewey says: "You are practicing dentistry to make money! Every one of you went into the dental profession because you thought that was the best way to make a livelihood."

*** "... when you put through a dental operation for the patient, (you) do not do that for the benefit of the patient. You are doing that for your own benefit . . ., etc., etc."

Such statements, when proceeding from the president of the American Dental Association, compel immediate and most serious attention from every man who has the real welfare of dentistry at heart; for it is hardly possible to overestimate the crisis which may easily develop from such utterances in high places.

If such statements are actually true; if they really represent the mental attitude of the majority of the members of the A.D.A. toward their life work and their responsibilities to their patients, then let us openly proclaim our new standards. Let us be open and above board; let us abandon all pretense, and proudly proclaim ourselves as emancipated from the outgrown ethics of yesterday—professional men no longer, but business men of the new and cold-turkey type. Away with the Code of Ethics! Away with the Golden Rule! Away with the love of our fellow men! Away with all impersonal devotion to the dreams of human betterment which have

so tormented us in the past! Away with the memories of Black, Miller, Williams, Brophy, and all the rest who for a time had led us astray to worship with them at the shrines of a steadfast service to humanity and in an impersonal and passionate search for Truth, in order that our several discoveries might be applied to the relief of those less fortunate than ourselves! In place of all such outworn ideals left over from a pitifully unorganized and uneconomic yesterday, let us unblushingly hoist the flag carrying our new slogan: "If you ain't got no money, you needn't come around"—which, though borrowed from a ribald song, effects a very definite *condensation* of Doctor Dewey's statements as quoted, without changing the *meaning* in the slightest degree.

No one has the right to speak as the voice of an entire profession, unless it be on a matter which has been given a fair and impartial presentation to that profession, and then openly voted upon.

Have such sentiments as Doctor Dewey is reported as having uttered been authorized as expressing the attitude of the entire dental profession of which I happen to be a member? The answer is No!

As a contributor to ORAL HYGIENE neither do I flatter myself that, in turn, I have any right or privilege as an interpreter of the thoughts and reactions of dentists throughout the world, or any part of the world, but I do, nevertheless, definitely venture the prediction that after the real implications of Doctor Dewey's statements and proposals have had time enough to soak in—to become actually recognized for the terrible dangers which, as a matter of fact, they are—the dental profession, practically as one man, will arise and thrust the whole mercenary and nauseating mess from its path. After this swift and decisive action, Doctor Dewey will be left in an isolation devastating and terrible in its completeness, vaguely wondering, "How did all this happen? How did I get this way?"

The answer is pathetically simple.

Ideals do finally determine destinies. In my opinion, the ideal of professional conduct which Doctor Dewey is at present upholding is utterly unworthy of such a splendidly endowed man at any time, but particularly is it regrettable when it is publicly made manifest at a time when he is holding the highest office that the dental profession can bestow as a gift upon any of its members.

PEAKS

and

By FRANK A. DUNN, D. D. S.

POKES

*It's nobler to give than receive,
you will find,*

*All sages have said that, and
yet*

*There's something else also you
should bear in mind,—*

The sure way to give is to get.

A WRITER asserts that an important subject is one that can be covered in five hundred words. But it requires less effort and skill to do it in three thousand words. Plain words explain; obscure words obscure.

How humiliated Mr. John Doe would feel if he were carted off to a hospital and there was as much rubbish found between his toes as there is usually found between his teeth!

Golf requires coördination of hand and eye that is perfect at distances of three feet and more; dentistry requires the same coördination at distances of one foot and less. That is why all dentists are poor golfers.

Some of the brothers who are handling elevators and excavators should be running them.

Dentists with unflagging zeal for research work should stop fussing with such minutiae as root canal technique and turn their talents to something of real importance. Get up a paste or powder to put on the tongue that will prevent the burn or bite of a new pipe.

ORAL OUTLAWS: Theayter (theater); nooralagy (neuralgia); barbarious (barbarous); jewelry (jewelry); heighth (height); grievious (grievous); mischievious (mischievous); bona fied (bona fide); stattus (status); maintainance (maintenance); pareesis (paresis); cerebrum (cerebrum); cullinary (culinary); extra-ordinary (extraordinary).

*"You're WHAT you eat" is quite
Correct and logic lore;
It tells the truth all right;
But How you eat tells more.*

In Times Like These

Why Dentistry?

By EDWIN N. KENT, D. M. D.

LECTURER ON CONDUCT OF PRACTICE
HARVARD UNIVERSITY DENTAL SCHOOL

The stress and strain attending our present financial and commercial crisis, taxing all human powers of resistance to the utmost, suggest one of the great problems that faced our military medical officials fifteen years ago.

ONE of the lectures issued by the writer in connection with Army and Navy educational service contained the following words:

"One of the contestants in the present struggle has spent a long time in preparation, but his preparation has not been confined to military training and the building of arms and ammunition. He has built strong men. He has prepared by medical service and education human machines which work well in the field, all parts of which he strenuously endeavors to keep in perfect repair, and it cannot

be questioned that much of his success has been due to this fact alone.

"There are no parts of the human machine we can afford to neglect at a time when the whole organism is to be put to severe strain; a chain is only as strong as its weakest link. Recent medical discoveries, however, have proved that the human mouth—the first organ of digestion—is a factor of particular importance in the maintenance of life, health, and the powers of bodily resistance. Some of us are even enthusiastic enough to think that the mili-



Truly, now, as in the belligerent days of the past, to disregard the importance of health maintenance "is to gamble with fate."

tary man should consider its proper upkeep and care next in importance to that of his gun.

"We believe that any member of our enlisted forces whose mouth is the seat of extensive tooth decay, incipient abscesses or other diseased conditions is, figuratively, a 'human mine' subject to pathological explosions capable of putting him entirely out of commission as a fighting element. To shut our eyes to these conditions, the existence of which no one questions, is to gamble with fate and the business before us seems to be sufficiently important to indicate that this is no time to gamble."

Uncle Sam is not now at war with any other nation but his nephews and nieces are all "at arms," engaged in a conflict within the national borders, a contest with commercial conditions which is seriously threatening their powers of mental and physical resistance.

There never was a time in the life of the active members of our generation when the strength and resistive powers of "human machines" were more important than the present. The army-of-the-employed, as well as the army-of-the-unemployed, may be seriously weakened if not entirely disqualified by physical ailments. These are

days when no one can afford to be sick and every measure that offers health protection should be seriously considered. Truly, now, as in the belligerent days of the past, to disregard the importance of health maintenance "is to gamble with fate and the business before us seems to be sufficiently important to indicate that this is no time to gamble."

Dentistry has always been considered in the medical field distinctly as a health protective service; the mouth has frequently been termed "the gateway to disease" as well as to health. Every dentist recognizes the unhealthy mouth as a menace threatening its host not merely because of the crippled chewing machine but, more important perhaps, because it is so frequently the seat of infection easily transferred to other parts of the body. Surely, considering the stress and strain of our present commercially difficult times, the protective influence of a healthy mouth is more important than in days of financial peace.

The dentist who is disregarding these principles and failing to make these facts known to his patients (the "company" or "regiment" for whose resistive powers he is officially responsible) is falling short of his duty.

A large part of the obligation of dental science to society and, likewise, of the dentist to his patients, is educational. We know the progressive nature of dental disease; we know the value of prevention; we know that delay is not only dangerous

but expensive. Our patients rightfully depend upon our professional advice as well as service and we shoulder the responsibility for their appreciation of the value of a clean, whole, healthy mouth as a protective factor of great importance in these days of stress.

And there is another aspect of the dentist's educational responsibility. In times of financial stringency the great majority of our citizens must reckon on positive and adequate returns for every invested dollar. We have emerged from days of financial freedom into a period of forced economy; the budgeting of incomes is no longer a practice of the frugal few; economics is today a popular study and the word "investment" has a new meaning to the rank and file.

Casually or seriously the popular thought is today directed toward a listing of the expenditures most promising to the maintenance of life, comfort, and happiness. The lists all begin with the fundamentals—food, clothing, and shelter—but there are other essentials, and first among them are the necessary items that make for the security of health.

If it is true that a crippled "chewing machine" weakens the whole body through faulty digestion and nutrition; that open cavities of tooth decay form ideal incubators for a rapid increase in the germ forces of disease, more than half of which enter the body through the mouth and nose; that infections

difficulty of access, so in these cases the approach is usually made from the crest of the alveolar ridge.

Decay at the cemento-enamel junction is usually progressive and, therefore, ordinarily must be treated. Some men always reach this decay through the occlusal approach, arguing that a good filling cannot be made in any other manner. However, the writer has frequently reached these areas from the buccal aspect and has been able to fill them successfully, or at least so they have not needed to be refilled for a number of years.—G. R. WARNER

Duplicating Locked Bite Irregularity

Q.—A patient about 45 or 50 years of age came into my office recently and said that she understood that I believe in taking impressions of the teeth before extracting them. I admitted that that is my practice. She told me to go ahead and take the impressions as she was going to have her teeth extracted that day but wanted to be sure that the dentures would be exactly like her natural teeth.

I did as directed, but in taking these impressions I noticed that her teeth were very irregular. After I had made the casts and mounted them on the articulator I found that her front teeth interlock to such an extent that when her jaws are closed, they cannot be moved sidewise either way, nor can the lower

jaw be moved forward. In other words, her teeth close in an absolutely tight lock.

What are we to do in her case? You know, we are supposed to imitate nature in setting up teeth.—C.C.M.

A.—If you could be sure of establishing exactly the same bite or jaw relation that this patient had with her own teeth, you very likely could make dentures that would function satisfactorily with the teeth ground and set to lock the bite as her own did. This might have been possible to do had you fitted first one jaw and then the other; but, with all the teeth out, you cannot possibly be sure of establishing exactly the same jaw relation to which her muscles have become accustomed; and, therefore, it would be disastrous to attempt to set the teeth to duplicate exactly this locked bite irregularity.

It will be best for you to establish centric relation at the point of the Gysi gothic arch tracing and occlude the teeth so that they can excursion freely mesially, distally, and laterally in the various positions that the jaw can be made to assume. You can no doubt do this and still reproduce a semblance of the peculiar irregularity of the natural teeth, especially of the labial aspect of the upper anterior teeth. If you do this faithfully and with a reasonable degree of accuracy, the elimination of the locking feature should not be objectionably noticeable.—V. C. SMEDLEY

The Fixation of CALCIUM

Presented before the French Congress of Medicine in Liège

By L. BRULL, G. MOURIQUAND and A. LEULIER

Review and comments by DR. L. LECRENIER

Translated from *Revue Belge de Stomatologie* by ORAL HYGIENE

THE dentist who studies these reports will be somewhat surprised at the fact that no reference is made to the teeth. He learns about the outstanding importance of the rôle that calcium plays in our organism and he reads about the scientific work which has been stimulated by a study of calcium metabolism.

Calcium seems to be:

- the regulator of nervous and neuro-muscular reactions;
- the regulator of the tone of smooth and striped muscles, and of cellular permeability;
- a factor in the coagulation of proteins, therefore in digestion;
- a factor in spontaneous hemostasis and very likely also in immunity.

Its rôle in pathology becomes more evident every day.

The skeleton itself does not occupy a very important place in the reports submitted to the congress. Calcium, together with phosphorus, insures the rigidity of the skeleton, and it is here that nearly the total calcium of the organism can be found: 880 g., or 99 per cent.

One per cent of the total calcium present in the organism is, therefore, distributed through the non-osseous tissues. The calcium content of these tissues is remarkably constant, so that a gain or loss of one grain of calcium in an adult can be understood only by an increase or decrease in the quantity of calcium in the skeleton. The latter, therefore, appears to be a veritable storage place for calcium, comparable to the storage of glycogen in the liver.

The quantity of stored up calcium may vary considerably, since it is well known that the organism can excrete more cal-

cium than it receives and excrete less than it ingests.

* * *

The calcium requirements of the body seem to be comparatively small. Under normal circumstances they may not exceed a few milligrams per day.

During the period of growth (15 years) the amount of calcium fixed daily in the skeleton is on an average 15 centigrams.

During pregnancy the mother must furnish calcium necessary for the formation of the fetal skeleton: 30 grams per day. If the mother were to ingest 0 calcium during pregnancy, she would furnish to the embryo less than 3 per cent of the calcium contained in her skeleton.

It is during the period of lactation that the calcium requirements are more considerable. However, throughout the nine months they do not represent more than 7 per cent of the calcium of the maternal skeleton.

It may be assumed, therefore, that the calcium requirements of the body are always satisfied by normal alimentation that supplies larger amounts of calcium than are actually required.

Do you believe that it is possible to enhance, by medical means, the fixation of calcium in the teeth?

Which, in your opinion, is the advice to be given by the dentist to a person that is to be remineralized?

These two questions are being answered by two eminent dentists of France, in the review herewith. They are questions of great importance to every practicing dentist. You may or may not agree with the opinions expressed in this paper; but ORAL HYGIENE would be glad to hear what its readers have to say. If you have a definite opinion, or a definite suggestion to make, please write to us.

The essential factor for the organism seems to be, then, not to eliminate the calcium supplied because of some pathological condition and, secondly, to assimilate the calcium with which it is being supplied.

The first requisite of assimilation would seem to be the solubility of the calcium salts; whether organic or inorganic, these salts can be assimilated if they are soluble or rendered soluble. Here enters into play the acid or alkaline reaction of the first portions of the intestine. It is generally assumed that these are acid, and this reaction is favorable to the solubility of the calcium salts.

On the other hand, the calcium salts form, with the fats

under the influence of the bile, diffusible calcium soaps which are absorbable.

Once the calcium has been absorbed, the organism must fix it, and it is here that vitamin D or irradiated ergosterol, as well as the parathyroids, enter into play.

It seems indicated to cite some of Mouriquand and Leulier's statements:

"Long before biology was able to explain or even understand the process of calcium fixation, therapy succeeded in putting it into operation. We have, so it seems, arrived at a phase of this study where, although the fundamentals of things are yet unknown to us, the problems are clearly defined . . .

"Only the clinical and experimental study of rickets has sufficiently progressed to bring us accurate facts."

Which are those studies on experimental rickets that, as far as they concern us (calcium metabolism), appear extremely close to clinical rickets? Here is an example:

One takes white rats of the same litter, about thirty days old, and feeds them in the dark, with the regimen 85 of Pappenheimer, composed of flour, egg albumin, butter, and a salt mixture containing calcium and phosphorus (the latter in an inadequate amount in relation to the calcium). At the end of three weeks there appear characteristic rachitic lesions, visible on the radiographs. One is then able to study on these rats the

influence of nutrition, light, and antirachitic medicaments.

The results of these studies are as follows: the calcium salts seem little or not at all endowed with the power of calcium fixation and appear even to be veritable antifixators. Nor can one attribute such power to the phosphorus salts, nor to the different organotherapeutic agents: thyroid, parathyroid, adrenal, etc.

* * *

The use of these different substances seemed to suggest itself logically as a result of the theories emanating from studies on calcium metabolism; the therapeutic failure shows how little progress has been made in these studies.

* * *

Of the numerous medications which, in the course of the centuries, have been advocated against rickets, two only seem to have stood the long test: cod liver oil and sunlight.

The addition of one drop of cod liver oil to diet 85 has a sure curative and preventive action. By eliminating vitamin A through oxidation one obtains proof that this antirachitic power belongs to vitamin D.

On the other hand, the exposure of the white rat fed on diet 85 to sunlight for fifteen to thirty minutes daily inhibits the development of rickets.

This favorable action is due to the ultra-violet rays. In 1923 it was found that it was sufficient to expose the empty cages to ultra-violet rays in order to prevent rickets in the rats which

were reared in them. The experiment fails if the cages are scrupulously cleaned. One must, therefore, assume that the débris of straw, foodstuffs, and even of excrements (rats are coprophagous) are consumed by the rats after having been irradiated by ultra-violet light.

The substance activated by the ultra-violet rays was soon identified as belonging to the sterols among which the ergosterol appears to be the most active. The experimental antirachitic property of irradiated ergosterol is a thousand times greater than that of cod liver oil.

But, here is the reverse side of the medal: ergosterol may produce hypervitaminosis, hypercalcemia; the toxic doses for the rat are approximately fifty times the therapeutic dose. One has been able to produce with ergosterol intense calcification of experimental tuberculosus foci, and even ectopic calcifications, for instance of the aorta of the rabbit (Levaditi and Li Yuan Po).

"There is still too much uncertainty about the action of ultra-violet rays and ergosterol, and therapeutic caution is indicated."

Ergosterol appears to be a provitamin which, under the action of ultra-violet light, becomes vitamin D.

As regards cod liver oil it may derive its vitamin D from the plankton on which the fish feed, and more particularly from the small marine animals and algae activated by the light of the sun.

A dose of two teaspoonfuls of cod liver oil seems to be sufficient for the child.

* * *

With a view to completing this study by the opinion of outstanding members of the dental profession, we have put the following questions to Doctor Fargin-Fayolle and Doctor Rousseau Decelle, dentists to the Hospitals of Paris:

1. *Do you believe that it is possible to enhance, by medical means, the fixation of calcium in the teeth?*
2. *Which, in your opinion, is the advice to be given by the dentist to a person that is to be remineralized?*

We have received the following replies from our distinguished colleagues.

Doctor Fargin-Fayolle's letter:

A reply to these questions would necessitate a whole book. I shall sum up my opinion in a few statements; calling attention, however, to the circumstance that such a schematization is always deceiving, if not as to its thought, then at least as to its finer distinctions.

1. The fixation of calcium in the organism under the influence of certain adjuvants (irradiated ergosterol) seems to have been well demonstrated.

2. Does this fixation occur partially in the teeth? (I say "partially" advisedly, since it is inadmissible to assume that it occurs solely in the teeth.) This would depend upon the age of the subject and the particular character of the denture. In fact, it is possible that the calcium may become fixed dur-

ing the active period of tooth formation, but not later on in life. Personally, I have not met with any cases that would enable me to think that a calcium treatment acts on the teeth in such a manner as to permit clinically of a positive opinion.

3. Active or inactive, is calcium treatment harmless? This question seems to me to be actually the most important one, in view of our present knowledge. The idea that the calcium fixation under the influence of a medicament such as irradiated ergosterol will take place only in those parts of the body where we think it desirable is much too simple, or rather much too naive. Why, for instance, should it not occur in the arterial walls?

4. From the therapeutic viewpoint, therefore, I think that great caution is indicated, and I do not believe that it is possible to establish any standard treatment.

Doctor Rousseau-Decelle's letter:

In my opinion it is not at all doubtful that therapeutic measures are able to favor calcium fixation in the organism, but only under *certain conditions*.

The mere absorption of calcium salts only, whatever they may be, is insufficient. One has even gone so far as to state that, far from remineralizing, they will in the long run lead to decalcification. Since the question of calcium metabolism is infinitely complex and stands under the influence of widely different factors, the medical intervention which is to be undertaken will vary considerably for every individual case. In this sense, therefore, one can give only a few general indications.

* * *

Believing, as I do, in the central origin of caries, I consider that a normal tooth with a normal pulp is immune to dental decay. The external agents (attrition, superficial fractures, chemical action, etc.) will mostly be unable to produce genuine caries, if they are not permitted to exist over an unduly prolonged

period of time. Thanks to enamel fissures the microorganisms may "take root" on the tooth; they will not go any farther if the pulp has retained its function, because it will soon deal with the attack by erecting a solid wall of secondary dentin between itself and the intruder. It is not the same thing, however, if for local, regional, and particularly for systemic reasons the pulp's vitality is lowered.

It is for this reason that I give calcium to my patients, particularly to those who develop a number of cavities at the same time and are evidently suffering from a general organic disturbance. I give them calcium, not in order to obtain a recalcification of the hard tissues of the teeth—which would be futile (since—according to Siffre—decayed teeth and healthy teeth have the same calcium content), but rather in order to stimulate the deficient vitality of the pulp.

In this deficiency, between the original cause—whatever it may have been—and its sequelae, the most important link is the sympathetic nervous system, because the latter is, in the final analysis, the one that controls all vegetative life. Now, the function of the vegetative system is intimately connected with the composition of the body fluids. Whether their calcium content is diminished, or whether the interrelation of the hormones is qualitatively or quantitatively modified, immediately there occurs a more or less profound disturbance in tissue nutrition. Besides, the assimilation of calcium and all other mineral substances is possible only if the endocrine apparatus is intact. Nutrition, vitamins, the sterols, ultraviolet rays, all these also enter into the calcium assimilation and fixation.

For these reasons I consider that calcium medication in dentistry, as well as in medicine, should not be undertaken in the same fashion for all patients; but rather in all of them, with variations plus or minus, the therapy should consist in: me-

dicinal treatment; organo-therapy; diet; light treatment, either natural or artificial.

In this complex of therapeutic measures, organotherapy and diet seem to me to be the most important chapters.

* * *

Here are some therapeutic suggestions, according to some of the most frequently observed cases of multiple caries.

1. Caries which develops suddenly in the wake of infectious diseases (typhoid, paratyphoid, grippe, etc.):

Calcium: in the form of apocalcium, tricalcine, gaurol, or phytin.

Organotherapy: either a composition of hypophysis, adrenal and thyroid, or pan-crinol.

Ultra-Violet Rays: by general application or, if such is not possible, by heliotherapy.

2. Caries which develops during the menopause and particularly at puberty:

Calcium: same form as above.

Organotherapy: alternate every two weeks, parathyroid extract and ovarythyroid combinations, at the menopause and in young girls without menstruation or insufficient and painful periods.

3. Multiple caries in patients with evident hyperthyroidism or Basedow's disease:

Calcium: same as above.

Organotherapy: Hematothyroidine and parathyroid extracts.

4. Weakly, anemic, scrophulous, and pretuberculous children with dental dystrophies. *Even if these patients do not develop dental caries* it is advisable to let them undergo treatment for prophylactic purposes.

Medicaments: a. Calcium, preferably in the form of phytin. b. Cod liver oil or sterols (irrastherine, ergosterol, uvésterol, etc.)

Organotherapy: Parathyroid extract.

Ultra-violet Rays: by general applications and, during fine weather, by heliotherapy and thalassotherapy.

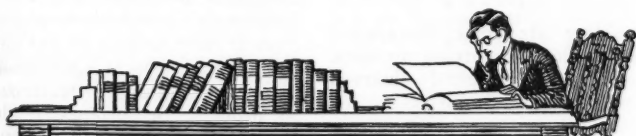
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In all cases, regardless of their nature, it is *indispensable* to prescribe a *diet* rich in calcium. The nutritional regimen should be preponderantly lacto-vegetarian, with one meat dish at dinner time (middle of the day). Foods recommended are as follows:

Vegetables: string beans, beans, peas, cress, endives, cauliflower, celery, spinach, turnips, carrots, squash. *Cheese:* non-fermented (Gruyère, Dutch). Creamed eggs, creams. *Desserts:* nuts and almonds, raisins, apricots, dates, figs.

The degree of D.D.S. was erroneously attributed to Dr. Nathan Sinai, author of "In Defence of Doctor Dewey," published in May ORAL HYGIENE, page 904. Doctor Sinai holds the degrees of M.S. and D.P.H.

ORAL HYGIENE'S LIBRARY TABLE



BOOKS REVIEWED FOR BUSY READERS

Dental Economics

A Review of *Dental Economics*, by Harry J. Bosworth. Chicago: Harry J. Bosworth Company, 1932. Price: \$10.

WITHIN the last few years, the dental profession has been offered several books dealing with the economic side of dental practice. Likewise hundreds of articles on the subject have appeared in our dental periodicals.

To those who have studied the subject of dental economics in all its phases, there must have appeared a void, a missing chapter in an otherwise rather complete story of economic progress: there was no textbook from the pen of the man who can rightfully claim to be the father of modern dental economics, Harry J. Bosworth.

The publication of Mr. Bosworth's new book, *Dental Economics*, answers this demand for a written record of his theory and practice on the subject of office management and the conduct of the business side of dentistry. The Bosworth plan has

undoubtedly been the best known and the most discussed of all economic systems.

It has attracted the greatest number of converts, the most criticism, the loudest praise and, withal, remains the most universally accepted economic doctrine in dentistry today.

In this book the author has set down the fundamentals of the theories he and his teachers have introduced to thousands of dentists in the United States and in Europe. The book lacks some of the color and personal magnetism that attends a typical Bosworth course, but its completeness more than makes up for this deficiency.

The book enters into many important details that time would not permit in a lecture course. To the earnest and eager student of economics, it offers an opportunity for careful study and constant reference.

The range of subjects covered in this book is wide, beginning with the selection of a location and carrying the reader through in a series of logical steps that

vary from a discussion of minimum fees to a practical treatise on sterilization.

It discusses visual education, children's dentistry, prophylaxis, fees, collections, stationery, the dental assistant, office routine, and dozens of other problems that are confronted daily in every dental office. The chapter on bookkeeping is particularly practical and appropriate and is applicable to any method of office conduct.

Only Harry J. Bosworth could have written this book. He deals with the subject in the frank, open manner that has characterized all his work. He calls a spade by its right name and makes his point without qualification or mental reservation.

There will be those who will not agree with him in everything he says but anyone who starts to read the book will finish it because of the display of sheer confidence he has infused into every chapter.

Most of Mr. Bosworth's life has been spent in contact with the dental profession. Surely no one has a better right to speak on this subject than he, because of his life-long effort to elevate the economic status of the dentist.

This book will give the dental world an opportunity to judge the wisdom of his doctrines as it places his teachings within the reach of everyone. *Dental Economics* will undoubtedly enjoy a wide and sympathetic reading. —T.N.C.

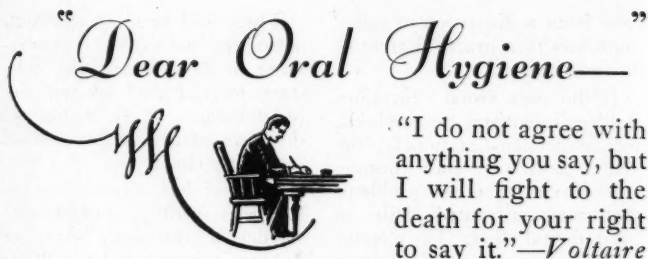
NEW BOOKS

A Textbook of Operative Dentistry by William Harper Owen McGehee, D.D.S., M.D., Head of the Department of Operative Dentistry, Professor of Operative Technology, and Secretary of the New York College of Dentistry. P. Blakiston Son and Co., Inc., Philadelphia, 1932.

This book will be of great value to the practitioner of dentistry whether or not he wishes to take a state board examination, and the book is recommended to members of state dental examining boards to help them in making up examination requirements that are in keeping with the most practical procedures of advanced operative practices and teaching. The volume is beautifully illustrated.

A Manual for Dental Assistants by Albert Edward Webster, D.D.S., M.D.S., M.D., Honorary Dean and Professor of Operative Dentistry, Faculty of Dentistry, University of Toronto; Editor of the *Dominion Dental Journal*. Lea and Febiger, Philadelphia, 1932.

This manual for dental assistants surely will fill a long-felt want and should become a sort of Bible for the girl who wants to make herself a necessary part of a dental practice. —R.P.M.



A Suggestion

In the September Corner* there are some lines taken from a comment by Dr. John Bell Williams, which have given me the necessary courage to send in the article you will find below.

It is a shame, but I have seen the efforts of some of the younger members of our profession minimized by some of the older members to such an extent that the youngsters felt so stultified, discouraged, and disgusted that they didn't care to try again, and thereby possibly the profession lost something of real merit.

My only reason for sending in a contribution is a desire to be of assistance to others in our profession. If you think it worthy of space, kindly print it. I feel it will reach more dentists this way.

AN AID FOR PARTIAL DENTURE IMPRESSIONS

It is sometimes necessary or desirable to construct a partial

denture or removable bridge, replacing one or more of the anterior teeth prior to the extraction of the incisors. The following aid to any method of taking the impression for such a case relieves a great deal of worry and results more often in the case being completed as planned.

Instead of filling in the impression of the condemned teeth or teeth with wax, or haphazardly cutting it from the model, previous to taking the impression, place a piece of celluloid strip between the teeth on each side of the ones to be replaced. This celluloid should extend labially and lingually for a distance of about 4 mm. The thickness of the strip depends on the degree of tightness at the contact points. Sometimes it is necessary to fold the strip, using two or more thicknesses, to make it fit snugly.

Take the impression with the strips in position and pour up with the strips in the impression. After separating, the strips may be removed and the teeth cut out with absolutely no dis-

*ORAL HYGIENE, September, 1931, p. 1899.

crepancies as to the distance between the approximating teeth. A tooth can be selected without fear of being too wide or too narrow, or placed too far mesially or distally, when the case is completed.—V. H. SPENSLEY, D.D.S., *Albuquerque, N. M.*

Radio Publicity

I was very much interested in Doctor Dewey's paper on dental insurance, panel dentistry, and dental education in March ORAL HYGIENE and the discussion in April.*

The laws of Oregon require that \$3.50 of the annual license fee of \$5.00 (which all practicing dentists pay to the State Board of Dental Examiners) be spent for dental education. The subject of ethical and educational publicity was discussed by the Board in 1927, and I was authorized to work out a plan and report on it at the next meeting. The Board finally decided to try a series of radio talks.

Then we told the owners of station KGW what we had in mind; they were very enthusiastic and thought that dental education over the radio would reach a great many people. They gave us an ideal time on the air, 7:15 to 7:30 every Monday night, at a greatly reduced cost. The *Morning Oregonian* also helped by giving publicity to our programs and by running pictures free of charge. Our

greatest difficulty was in securing for our programs ethical information of interest to the public and to the dentists whose money the Board was spending.

Before our series of radio talks started I outlined our aims and programs to the governor. He immediately approved of the idea and said he would do anything he could to help us. I knew the Board would be severely criticized, but I also knew sponsorship by the governor would help the cause so I asked and he consented to give a five-minute talk on our first program. The paper carried his picture and notices about the series of talks on dental health that were to start.

I received letters, wires, and telephone calls from people all over the state, saying that they thought it was a wonderful thing we were doing—telling the public about a matter of such vital importance. Most of these comments were from people not connected with dentistry. However, we received a few letters from dentists in small communities, saying that many new patients were coming into their offices after listening to these health talks. Dentists in Portland had very little to say. Some of them objected to having my name mentioned in the introduction, but that could not be helped.

The first year we gave twelve fifteen minute talks over the air and since interest in the programs was still evident, the Board decided to continue them for another year. This time we also

*ORAL HYGIENE, March, 1932, p. 506; April, 1932, p. 728.

had an essay contest in conjunction with our talks. Newspapers all over the state gave us some really constructive write-ups.

The first program in our radio essay contest was opened by the governor. He urged all students in 7th and 8th grades and in the high schools to listen to these talks and enter the contest. Pamphlets about the contest were sent to all the teachers and on our second broadcast the state superintendent of schools urged all the teachers to have their pupils write essays.

Thereafter, on our programs we allowed five minutes of our allotted fifteen for invited guests to talk on dentistry or some allied subject. The balance of the time was used for the talk on dental education.

The contest was very successful; hundreds of essays were received. The committee met and the winners were chosen. The governor, the superintendent of schools, and other officials of the state talked over the radio on the final program, and the newspapers carried pictures of the winner receiving his prize of \$50.

I have received numerous letters from different parts of the country asking for information about our contest and for copies of our radio talks. Hundreds of teachers have written and are still writing to me for material for use in teaching their pupils how to care for their teeth. Personally I can see no harm in a form of dental education which creates such tremendous interest.

During the last year the

Board spent \$500 for newspaper publicity similar to that sponsored by the Little Rock Dental Society; in fact, cuts were sent us by the same advertising agency. We have, however, made no further appropriation.

I am still in possession of letters and news clippings from all over the northwest and if anyone is interested in this type of education I shall be glad to do all that I can to assist him in dental education work.—

ROBERT F. BENNETT, D.D.S.,
Portland, Oregon

To Doctor Ryan

Let me answer Dr. Frank J. Ryan* that all and sundry who have their eyes wide open do see the handwriting on the wall. As a matter of fact, a very keen eyesight is not requisite to observe the numerical growth of institutional, pay, community, school, hospital, industrial, union, and philanthropic dental clinics. Health insurance legislation, which includes dental care, is being sponsored in many states, and it won't be very long before it becomes a fact. Our dental journals give a lot of space to the discussion of these problems that confront the dental profession. Yet Dr. Ryan fails to see the handwriting on the wall.

Dr. Ryan states that I have refused to give details of the co-operative plan of group dental practice I advocate. True, be-

*ORAL HYGIENE, November, 1931, p. 2423.

cause I am of the opinion that the details are best left to the good judgment of each group. There are some one hundred and fifty medical group practices operating quite successfully in the United States, and no two groups follow exactly the same details so far as the management of the group practice is concerned. I did, however, give you the plan *en gros*.*

The clinic of the sage of Washington Heights, like your Chicago clinic, also employs a form of advertising. Successful business always does.

A group of twelve will certainly require less than twelve times the space of twelve individual dentists. There need be but one reception room, one office, one rest room, one dark room, etc. Telephone service charges per phone, as well as telephone calls because of the number made, will certainly cost considerably less.

"Many of the members' patients will not come to a clinic," says Dr. Ryan. The term *clinic* does not apply to a group dental practice. A group of this sort is on a par with an individually run office, except that it is conducted on a larger scale.

It is an unfair insinuation, or a mighty poor way of comparing a group of dentists mutually associated for the practice of their profession, to a "chain store, a labor union, or a machine shop," as Dr. Ryan expressed himself.

Yes, "maybe you won't give up the old office now," but unless you plan wisely to forestall the unescapable, it will not be long before the average dentist will seek employment at some public dental clinic as a means of earning a livelihood.—MAURICE S. CALMAN, D.D.S., LL.B., *New York, N. Y.*

Dental Conditions in Africa

A dental manufacturer sends us this interesting letter received from a dentist now in Africa:

"I have now been placed in charge of all the dental work in our mission, and as many of the missions have no dentists, and since there is no government dentist, I shall have more work than I can handle. At present I have an excellent assistant native boy who does all the native work. I am called in only when he is unable to complete the work.

"It will interest you to know that away out here in the very heart of Africa we have an institution that can stand side by side with any in America, and that it is being built and manned by Americans.

"Since we have this place, we will want and need the most up-to-date equipment that can be had, so, please, by all means, keep me posted.—FRED C. SHERMAN, D.D.S., *Bethi Kasenyi, Congo Belge, East Africa*

*ORAL HYGIENE, July, 1931, p. 1450.

EDITORIAL COMMENT

Who Benefits by Reciprocity?

PROFESSIONAL reciprocity is a form of future welfare insurance, without cost and in which your diploma is your policy.

Every well-balanced person carries all the insurance that he can afford; some carry a lot more than they can afford. These various insurance policies cover: first, professional liability protection, commonly called malpractice insurance, which is little less than insurance against the malign efforts of "ambulance chasers," who take and who solicit so-called damage cases against dentists, and others, upon a contingent basis. We do not carry this insurance because we wish or expect to be sued, but because the occasion might arise where the cost of the insurance would be very little compared to the benefit in case we should occupy the unenviable position of defendant.

Then we carry accident and sick benefit insurance, not because we have any desire to be laid up, but because the odds are against our going through life unscathed. We carry life insurance because of the certainty of death and not because we hope for a termination of our activities.

Would it not be a good plan also to realize the desirability and frequently the necessity of moving to another state before our days of active practice are over? If you should find it desirable or necessary to move to another state, reciprocity would be the insurance which would make your moving possible.

Dental license reciprocity is at last beginning to be seriously considered by the dental profession in

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D.,

Editor

Manuscripts and letters to the Editor should be addressed to the Publication Office at 1117 Wolfendale Street, Pittsburgh, Penna.



W. LINFORD SMITH
Founder

general. Reciprocity has nothing to do with the new graduate. The recent graduates are at liberty to go to any state and take their examinations just as we did when we graduated. At no time is a dentist so well equipped to take his State Board examination as he is immediately following his graduation. The longer he is in practice, the more difficult the type of State Board examination now in vogue is for him to pass.

A few states have the "ten year" clause which is designed for those who have passed the first decade of their professional lives. This concession to the men who are really experienced has worked well.

The main objection to reciprocity has been the purely selfish attitude expressed by the argument: "This state is our hunting ground; all others stay out." A sort of dog-in-the-manger policy. The feeling that if good dentists were allowed to enter practice in another state the resident dentists in the latter state would have their monopoly, if any, interfered with, is wrong. Experienced, capable men raise the standards of practice instead of lowering them.

It is also well to bear in mind the fact that reciprocity does not increase the number of dentists; it only allows them to move occasionally. Every state is filled with people who think that everybody in any other state would move to their own paradise, if possible. As a matter of fact, under reciprocity, as many

dentists would move out of a state as would move into it.

Take the situation in medicine, for instance. In that profession there is reciprocity among thirty-two states. The fact that a physician is not limited by law to one state has not resulted in overcrowding in any other state.

Fortunately, the present president of the A.D.A. has had some experience in moving from one state to another. He favors reciprocity; in fact, many of our more thoughtful dentists are beginning to realize the potential value of a just and reasonable appreciation of a man's professional record in summing up his fitness for the privilege of practice in a state other than the one in which he first registered. Reciprocity has nothing whatever to do with the recent graduate; it is a measure solely directed toward the restoration of *national citizenship* to those men who have been in honorable practice for more than five years.

The obligations of the dentist to the United States of America are not predicated upon the fact that he is strictly limited, in most cases for life, to one state only. The United States of America takes it for granted that the dentist has looked out for his own rights, and whether or not he is allowed to live and practice in more than one state, he is liable for income tax and military service just as if he had some interest in the whole country.

The present trend of world affairs is toward the self-contained country, that is, a country that can produce practically everything that it needs and can use practically everything that it produces. This situation will greatly intensify nationalism. It will cause Americans to become much more alive to the magnificence, munificence, and to the interesting commercial and climatic areas in which they can spend their lives in their own country.

All citizens, dentists included, desire the right and

privilege of living in any part of the United States.

Everybody in this country, except the dentist, is pretty much at liberty to move where and when he pleases. The one influence that prevents dental reciprocity is dental politics.

Because we demand our rights as citizens of the United States, let us demand some form of equitable reciprocity, *now*.

The White Coats

IN this bicentennial year of the birth of George Washington, one is inclined to think of the liberties of the people as they exist so many years after the American colonists licked the Red Coats. If I remember correctly, George Washington, of Virginia, a gentleman who held no military license in the Colony of New Jersey, went across the border of New Jersey and there in a most unlawful and illegal fashion did knowingly and with malice aforethought shoot, bump, stab, poke, and otherwise maul hell out of His Majesty's own Hessians at or about the city of Trenton in the aforementioned Colony.

To the extent that many teeth were lost in this action, it would seem that the father of our country and his followers were practicing exodontia without a license in the fair domain of New Jersey. Those Revolutionary soldiers were fighting to make America a land of opportunity where every citizen would be guaranteed the right to Life, Liberty and the Pursuit of Happiness with certain variations to be prescribed later by Constitutional amendments and State Board Examiners.

Some of my correspondents inform me that in New Jersey the Board requires applicants to make a passing mark in two or three trials or else reside perma-

nently in some other state, unless one wishes to change professions.

It seems to me that this is rather a hard rule, not that I think the average applicant would care to repeat examinations. However, there are those who are natives of the state and whose family connections make it almost imperative that they reside there. In these cases, a hard and fast limit upon the number of trials seems rather drastic.

For some reason, great store is set upon being a native *son* or even a native daughter of a state, territory, or district. If there is any advantage in being "native," the state of the nativity should give some especial consideration to its own born citizens. Even the "hard-boiled" California State Board charges native sons (which embraces the native daughters also) fifty per cent of the examination fees charged outsiders.

It would seem reasonable to exempt natives from any ruling that would permanently exclude applicants from a state.

Radio Publicity

UP in Portland, Oregon, the Oregon State Board of Dental Examiners has been doing some real publicity for the dental benefit of the people of Oregon and the Northwest and, incidentally, for the benefit of the dentists.

Dr. Robert F. Bennett has written me an account of the educational program as conducted officially.

An essay contest, based largely upon the material contained in the broadcasts, was arranged for the school children of the state.

All dentists who are interested in publicity should read Doctor Bennett's letter, which appears on page 1161 of this issue of ORAL HYGIENE.

A REAL *Defense* of DOCTOR DEWEY

By JOHN OPPIE McCALL, D. D. S., F. A. C. D.

NO one has urged me to reply to Doctor Sinai's article in ORAL HYGIENE.* I do it because I have no difficulty in waxing indignant at the blending of condescension and sarcasm with which Doctor Sinai "defends" Doctor Dewey in the matter of Doctor Dewey's address at St. Louis. If Doctor Sinai believes that his excuses for Doctor Dewey's supposed lack of familiarity with all the Sinai utterances on insurance dentistry will be swallowed by dentists as constituting a defense of Doctor Dewey in good faith, I take this opportunity to point out to him that he is in error.

I am, however, tempted to follow Doctor Sinai's method and excuse *him* for not having sufficiently studied the applicability or inapplicability of insurance methods to dental practice before making statements, which, while cleverly qualified, have nevertheless created an indubitable impression of an advocacy, on his part, of insurance or panel dentistry. At the same time I can honestly excuse him for allowing himself to be guided by the advice of a group in the dental profession who seem

to feel that insurance dentistry in this country is inevitable. It is unfortunate that he did not seek a wider range of opinion in the profession on the various aspects of this very complex problem before reaching a very plainly indicated conclusion.

Returning to Doctor Dewey's remarks, however, and referring to the text of his speech as reproduced in Doctor Sinai's "defense," we find that what Doctor Dewey said was that speeches made by Doctor Sinai "*seemed* to indicate that he was for health insurance, etc." (*italics mine*). This is a qualified statement and refers only to the impression created by Doctor Sinai's remarks. I will uphold Doctor Dewey's interpretation of Doctor Sinai's statements by quoting from memory (confirmed by others near me at the time) remarks made by Doctor Sinai at the Convocation of the American College of Dentists as a preface to his presentation of an abstract of his study on health insurance. Doctor Sinai said, in effect, that all the indications were that medical insurance was certainly coming in this country and, if it came, in-

*ORAL HYGIENE, May, 1932, p. 904.

insurance dentistry was inevitable. He gave the impression that his study was undertaken on that assumption and that it was intended as a guide as to how an insurance system could be set up. The whole tenor of his speeches and writings on this subject uphold Doctor Dewey's statement that he *seems* to regard health (and dental) insurance with favor.

Doctor Sinai later attempts to prove a discrepancy in Doctor Dewey's own statements regarding panel dentistry. Here we will have to pardon Doctor Sinai for not being familiar with all the literature on this subject. In *The New York Journal of Dentistry* for February, 1932, there is a preliminary report of the Committee on Low-Fee Dentistry of the First District Dental Society of New York, in which is outlined a plan, organized within the Society, for dealing with this pressing problem.

Briefly, this plan contemplates the formation of a list of volunteer dentists who will give *part* of their time for low-fee dental service to properly certified individuals. The list of volunteer dentists might be called a panel, although it is developed in a way quite different from its development in England, for instance. And it was to this plan that Doctor Dewey referred when he said that "the profession makes up its own panel and list of fees."

I think Doctor Sinai will agree with me that Doctor Dewey is making a tremendous effort to guide the dental profession in what he believes to be the right direction at a very critical time in its history. And I regret that he should so forget his dignity as to patronize the titular head of the profession in whose behalf he had so recently made an important and extensive research.

FROM THE PHILIPPINES

I want to thank you for sending me the annual indexes to ORAL HYGIENE and the April issue which I had missed.

I cannot express in words how much I value ORAL HYGIENE. Its articles have been helping me and always will help me solve my difficulties and problems.

I find the "Ask ORAL HYGIENE" department of great assistance to me in my work.—JESUS R. BORROMEO, D.D.S., *San Carlos, Occidental Negros, P. I.*

The Question of **DENTAL COMMODITY PRICES**

ORAL HYGIENE almost never discusses dental trade affairs. At present, however, it is glad to open its columns to a discussion of the cost of dental equipment and supplies—due to the evident professional interest in this topic, inspired by articles appearing in sectional professional journals and the current general discussion of price levels.

The Ritter Dental Manufacturing Company recently issued a statement on the subject, signed by its president, E. L. Wayman.

Mr. Wayman pointed out that the costs of the principal raw materials have not been reduced, naming specifically aluminum, grey-iron castings, special electrical sheet steel, Duco enamels, cuspidor and brackettable glassware, etc.

The reduction in labor cost, and the substantial reduction in cost of copper and brass are several times offset—it is explained—by the increased factory expense per item due to curtailed production. Increased freight rates, effective in 1931, also operate to increase costs as compared with two years ago.

Says Mr. Wayman:

"Basically, the situation calls for the manufacturers and the dealers to assist the profession in bringing more patients, particularly children, into the dental offices of the country to help

the profession to increase its income (not fees) and create the necessary buying power.

"We are working in that direction and believe we can spend our money more advantageously along constructive lines than through a reduction in prices.

"Trade reports generally indicate that the fundamentals for the improvement of business show a distinct gain and although the results are not yet apparent, we feel that with the enactment of constructive tax legislation at Washington and the reduction of Governmental expenses, there will be an improvement within a few months."

Other trade members point out that, periodically, in good times and bad, some one expresses the opinion that prices of not only dental equipment, but also dental supplies, are too high and should be reduced to harmonize with the cost of comparable items sold for general consumption.

This reasoning, it is said, overlooks the fact that the total domestic market of all dental manufacturers is, roundly, 60,000 buyers—equivalent to the population of a small city.

No manufacturer, limited to such a market, sharing it with competitors, can hope to approach even within hailing distance of production costs enjoyed by manufacturers serving the 120 million.

INTERNATIONAL Oral Hygiene

Conducted by CHARLES W. BARTON

Cave Canem!

The question of bacteremia following the removal of infected tissue is of particular interest to the dentist; often the assertion is made that the multiple extraction of abscessed teeth is a dangerous procedure because it is liable to lead to postoperative septicemia, with at times serious and even fatal consequences. A number of clinical reports are on record to prove this assertion. In apparent opposition to it stands a contribution to this subject by Dr. Giulio Giorelli, who reports on his experiments on dogs, in *Annali di Clinica Odontoiatrica*. Giorelli anesthetized the upper canine teeth of his experimental dogs, isolated them carefully, and opened them to the pulp chamber. The pulp of the right canine tooth was extirpated, the left one remained intact. Both teeth were then inoculated with strains taken directly from the culture tubes, and sealed with oxyphosphate of zinc cement. After an interval of from one to two

months, under general anesthesia, the teeth were extracted, and blood samples were taken from the saphenous vein fifteen, thirty, and sixty minutes, and twenty-four hours after the extraction. The results obtained are summarized by Giorelli as follows:

1. Bacteremia was positive in 28.5 per cent.
2. Bacteremia appears in the positive cases in the first five, fifteen, and thirty minutes following the extraction and disappears at once.
3. Bacteremia was always negative after one hour and twenty-four hours after extractions.
4. The germs isolated were micrococcus and diplococcus in animals whose teeth had been infected with streptococcus.

These investigations lead Doctor Giorelli to the conclusion that even when experimentally exaggerating the favorable conditions for a positive postoperative bacteremia, this latter stays at a low percentage and

does not last more than a few hours in the positive cases.

From such bald statements the unwarranted conclusion may be drawn that extraction of several abscessed teeth—or even of one badly infected one—is devoid of unpleasant sequelae. In the experiments described above *healthy* dogs were used and examined after only two months' incubation. Conditions would seem to be totally different in patients who have been carrying foci of infection for several years and whose resistance to infection does not equal that of healthy dogs. Caution, therefore, would still seem to be the necessary watchword in the extraction of abscessed teeth. Laboratory experiments on animals should always be taken with the proverbial *granum salis*—perhaps with more than one—before they are interpreted to apply to human cases.

The Woman Pays

It seems hard to believe that so normal a physiological process as child bearing should give rise to any damage to the mother. Still, there is no gainsaying the fact that otherwise perfect sets of teeth begin to break down when their possessors fulfill their destiny. The question is pertinent: Does damage to the expectant mother's teeth result if her nutritional regimen is as it should be, or must that tooth for a tot be paid as price for deficient alimentation extending over years? Dr. A. E. Mowry, of Montreal, in the *Canadian*

Medical Association Journal for February, 1932, reports on his investigations into the blood calcium during pregnancy:

Previous investigations relating to the blood calcium in pregnancy have resulted in conflicting opinions concerning the behavior of this element during the various stages of gestation. Perusal of the literature reveals the fact that, while considerable work has been done on the problem, much of the published data is contradictory in nature. The observations of Bar indicate that the utilization of calcium by the fetus varies considerably during the various periods of its development. Bosworth and Bowditch estimate that the fetal demand for calcium increases from 0.006 g. per day during the first four months of gestation to 0.06 g. per day at term. Mazzocco, Moron, Bogart, Plass, Widows, and others, found a noticeable decrease in the blood calcium of pregnant women, while Jansen, Dennis, King, Underhill, Dimick, et al., have stated that the blood calcium remains the same throughout gestation. In an attempt to substantiate the validity of the more or less generally accepted view of a diminution in blood calcium during pregnancy, Mowry studied a number of patients by estimating the serum calcium at different times during the course of pregnancy. The observations in the individual cases were begun as early in pregnancy as possible. Blood samples were collected under uniform conditions. The estimations of cal-

cium were carried out by the micro-analytical method of Kramer and Tisdall. The series of forty-three patients reported upon comprised nineteen normal pregnant women, eleven with albuminuria of pregnancy, one pre-eclamptic and twelve with histories of miscarriages. Mowry's conclusions are:

1. The blood calcium does not remain constant during normal pregnancy and the puerperium.
2. Generally speaking, there is a decrease of the serum calcium during the latter months of pregnancy, especially marked in young primiparae. This is followed by a still further decrease early in the puerperium.
3. Cases complicated by various abnormalities during pregnancy frequently fail to exhibit the above-mentioned changes.

We are persistent in our questioning: Were Dr. Mowry's patients at a nutritional par, or were they not?

Even the Philippines

Nutrition everywhere! It is like the awakening after millenniums of sleep. Some time in March, 1927, the *Bulletin* of the San Juan de Dios Hospital of Manila, in an editorial, called the attention of the government to the pressing need of establishing an institute of metabolism under government control. Professor Gregorio Singian, the editor of the above publication, welcomes now the decision of

the 9th Philippine Legislature which has taken the preliminary steps toward the creation of such an institute.

The *Bulletin* comments as follows:

"Nutrition deals with food and its relation with the people. It involves the study of the chemical and biological properties of the different foodstuffs and their effects on human economy. We can, therefore, classify the functions of the Institute of Nutrition under two big headings: (a) laboratory and (b) clinical, both of which are equally important; for neither the former nor the latter may be of use to the people, if one is divorced from the other. Visualizing the practical workings of an institute of this kind, we will necessarily have to concede that studies of the different foodstuffs available in the different regions of the islands have to be made, the work consisting in working out not only the chemical properties, but also the biological qualities of food. Then, experiments have to be performed on the lower animals, and even in human beings, in order to acquire a thorough knowledge of the effects of our different food materials in our own people. The agricultural and economic side of the question also has to be studied; for it is clear that any given food with excellent nutritional properties will be entirely useless if it cannot be placed within the reach of everybody, rich and poor alike. This is as far as the

laboratory activities are concerned.

"Application of this knowledge to the needs of our masses belongs to the second phase. Observations have to be made in the different parts of the islands with special reference to the habits of the people and their idiosyncrasies, so that the proper preparation of acceptable menus which will be both palatable and nutritious could be worked out intelligently. Then, as soon as newer knowledge is being gained regarding the properties of food, balanced diet and its manner of production and preparation, the

next step will be for the schools and social workers to spread this valuable knowledge to every nook and corner of the islands for the benefit of our masses. And it will not be sufficient to preach merely the principles of nutrition, for it is essential to inculcate in their minds the idea of putting these principles into practice and making them a part of their daily life. Nutrition stations or clinics will then be of great help and should be established in the different regions of the country where verification and control of the results in the laboratory could be done."

MAY "DENTAL DIGEST" COVERS WIDE RANGE OF TOPICS

The fifth issue of the new *Dental Digest* last month featured a wide range of topics, treated in "*Digest style*": text compressed to a minimum consistent with clarity, profusely illustrated.

The color feature in the May *Digest* is "Infections of the Mouth," by Casper M. Epstein, M.D., D.D.S., Chicago. In less than three pages of text, illustrated with two pages in full color, Doctor Epstein details the diagnosis of oral lesions, such as Ludwig's angina, acute alveolar abscess, chronic periapical infections, Vincent's infection, acute infectious osteomyelitis, tuberculous lesions of the oral cavity, syphilis, gangrenous stomatitis, measles, scarlet fever, and diphtheria.

Dr. P. A. Howell of Beloit, Wis., discusses the "Surgical Treatment of Chronic Suppurative Pericementitis," illustrating his technique with eight large drawings. "Immediate Denture Service" is treated in a two-page article by Franklin W. Otto, D.D.S., Chicago. In a two-page article illustrated with six cases, Dr. W. T. Cate of Ft. Smith, Ark., deals with "A Common Interest between the Orthodontist and General Practitioner." Thirty-three illustrations appear in the second and final installment of "Cavity Preparations for Abutments and Individual Restorations," by J. R. Schwartz, D.D.S., Brooklyn. Forty-one roentgenograms illustrate "Radiodontia During Childhood—Its Diagnostic Value," by F. Blaine Rhobotham, D.D.S., F.A.C.D., Chicago.

LAFFODONTIA



If you have a story that appeals to you as funny, send it in to the editor. He MAY print it—but he won't send it back.

Mother: "You know, Geoffrey, Norma is nearly seventeen years old, so today I had a frank discussion with her about the facts of life."

Father: "Ah! Did you learn anything new?"

Johnny: "Say, dad, remember the story you told me about the time you were expelled from school?"

Dad: "Yes."

Johnny: "Well, isn't it funny how history repeats itself?"

Before they married—He talked, she listened.

First year after—She talked, he listened.

Five years after—They talked, the neighbors listened.

Patient: "Doc, I've lost a front tooth."

Dentist: "An upper incisor?"

Patient: "No, a right hook to the beezzer."

Rastus: "What's the matter, Mose? You look so mad."

Mose: "Who wouldn't be? Dat doctah what operated on me sewed me up with white thread."

Tourist: "I have buffeted about with the people of Arabia. I have fought hordes of Turks, and battled almost an army of Armenians. I have worked next to sweating South Americans, toiled beside Greeks, labored with Poles, Russians, Swedes, Chinamen, and men from deepest Africa. Yes, I know every race of man."

Stranger: "Oh, so you're from New York City?"

Johnson: "It's all wrong about the Irish being such good fighters."

Jackson: "Really?"

Johnson: "Yes. Last week my brother and I and two other fellows almost knocked an Irishman silly."

A lady of uncertain age, but of very certain disposition, and determination, strode into a hotel, planked her suitcase on the floor, and demanded of the clerk:

"Give me a room and bath, immediately!"

The youth behind the counter looked worried for an instant, but then his professional suavity returned.

"Madam," he said, "I can give you a room all right, but I'm afraid that if you're in a hurry you'll have to take your own bath—I don't get off the desk until 7."

"Tom, are you ever troubled with sleeplessness?"

"I am. Some nights I don't sleep three hours."

"I pity you, then. I've got it awfully bad. I've been afflicted now for about three years. The doctor calls it '*neurio insomnia paralaxitis*'."

Tom grunted and said: "I've had it about six months; but we call it a baby."

A professor was deep in his work when his wife called: "Harry, baby has swallowed the ink. What shall I do?"

"Write with a pencil," was the dreamy reply.